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Extensions of ongoing country programmes

Note by the secretariat

Summary

In accordance with Executive Board decision 2009/11, this note informs the Executive Board of the one-year extensions of the country programmes for Bosnia and Herzegovina, the Congo, Cuba, Mexico and Sierra Leone, all approved by the Executive Director.

The note further presents the reasons for the proposed one-year extension of the country programme for the Syrian Arab Republic, following a previous one-year extension. The Executive Board is requested to approve this programme extension.

Draft decision

The Executive Board

1. *Takes note* of the one-year extensions of the country programmes for Bosnia and Herzegovina, the Congo, Cuba, Mexico and Sierra Leone, which were approved by the Executive Director and are presented in table 1.

2. *Approves* the one-year extension of the country programme for the Syrian Arab Republic, following a previous one-year extension, as presented in table 2.

* E/ICEF/2018/8.
Note: The present document was processed in its entirety by UNICEF.

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Table 1
First extensions of one year (or less) of ongoing country programmes approved by the Executive Director

UNICEF-supported country programme	*Original programme period*	*Year/period approved for extension*	*Reasons for the extension*
Bosnia and Herzegovina	2015–2019	2020 *one-year extension*	– General elections are scheduled for October 2018. – To align with the extension of the current United Nations Development Assistance Framework (UNDAF) by one year, to 2020. – To align with the next European Union Instrument for Pre-accession Assistance for 2021–2027. – To align with strategic planning processes related to European Union accession and a potential new reform agenda beyond 2018. – To provide for additional time to complete several evidence-generation activities, which will be used to inform the next UNDAF and the UNICEF country programme.
Congo	2014–2018	2019 *one-year extension*	– To align with the National Development Plan, which will be launched in 2018 following the development of sectoral strategies. – To align with the UNDAF, which has been extended until 2019.
Cuba	2014-2018	2019 *one-year extension*	– To align the UNICEF country programme with the UNDAF, which has been extended until 2019.
Mexico	2014–2018	2019 *one-year extension*	– To align the UNICEF country programme with the UNDAF, which has been extended until 2019. – Elections will be held in mid-2018, and changes are anticipated in key ministries and related government institutions. – To align with the 2014–2019 National Development Plan.
Sierra Leone	2015–2018	2019 *one-year extension*	– Presidential, parliamentary and local council elections were scheduled for March 2018. – The development of a new country programme document (CPD) will follow rather than precede the adoption of the next national development strategy, which is to be developed following the elections. – To align with the UNDAF, which has been extended to 2019.

Table 2
Extensions of ongoing country programmes for which the approval of the Executive Board is requested

UNICEF-supported country programme	*Original programme period, including previous extensions*	*Period proposed for extension*	*Reasons for extension*		
			In-country development	*United Nations harmonization*	*Implementation or other issues*
Syrian Arab Republic	March 2016 to December 2017 (Previously extended to 2018)	2019 *one-year extension*	The United Nations country team is negotiating with the Government of the Syrian Arab Republic for a second one-year extension of the United Nations Strategic Framework (UNSF).	To harmonize UNICEF cooperation with that of the United Nations Development Programme, the United Nations Population Fund and the World Food Programme, which are also recommending one-year extensions to align with the extended UNSF.	Country programme documents for UNDP and UNFPA within the United Nations Development Group will be ready for submission to their Executive Board in 2019, with a start date of 1 January 2020.

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Country programme document

Philippines

Summary

The country programme document (CPD) for the Philippines is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $17,380,000 from regular resources, subject to the availability of funds, and $94,800,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2019 to 2023.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2018.

* E/ICEF/2018/19.
Note: The present document was processed in its entirety by UNICEF.

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Programme rationale

1. The 2019–2023 programme of cooperation between the Government of the Philippines and UNICEF comes at a time of significant opportunity as the country continues its strong economic growth.[1] The Philippines is a lower-middle-income country; the economy grew by 6.9 per cent in 2016 and an estimated 6.7 per cent in 2017.[2]

2. The Philippines has a young, mobile and rapidly urbanizing population. More than half (51.3 per cent) of the 101 million total population are under the age of 25 years, providing a potential demographic dividend for the country.[3] The urban population is predicted to reach 56 per cent by 2050.[4] Migration, both within the Philippines and to and from other countries, is significant. The population is ethnically diverse, with an estimated 14 to 17 million indigenous peoples across the Philippines belonging to 110 ethnolinguistic groups.[5] The population is predominantly Christian, with a 6 per cent Muslim population.[6]

3. The Philippines is the site of a challenging convergence of natural hazards, climate change and rapid unplanned urbanization. Globally, the country is ranked both as one of the most vulnerable countries to such disasters as typhoons, earthquakes, volcanic eruptions, tsunamis, flooding and drought and as one of the five countries most vulnerable to the impacts of climate change.[7] There is little public awareness of child-specific impacts and few mitigation measures are in place.[8]

4. The Government's long-term development plan, entitled AmBisyon Natin 2040, sets a vision for the country in which no one is poor and people enjoy healthy lives. It anchors the Philippine Development Plan 2017–2022, which outlines priorities for the country's progress.

5. Persistent inequalities undermine human development, as reflected in the high Gini coefficient of 0.43 in 2015.[9] A major barrier to equitable development, despite strong economic growth, is the concentration of wealth, particularly in terms of land and political power. Inequality is based on geographic location, income, gender, disability and ethnic status, and is most stark in Mindanao and especially across the Autonomous Region of Muslim Mindanao (ARMM).

6. Mindanao has the country's highest poverty rate, with 53.7 per cent of the population living under the national poverty line.[10] It has one of the world's longest-running armed conflicts and is prone to multiple natural hazards. The consequences for children include displacement, the loss of family members and disrupted access to education, health care and other basic services. In many conflict-affected and geographically isolated areas, children have little access to basic services and are victims of grave violations of rights.

7. There has been limited progress towards addressing some of the concluding observations of the Committee on the Rights of the Child, made at its fifty-second session, in 2009, including the minimum age of sexual consent and the prohibition of violence in the home, schools, public and private institutions and the alternative care system. The

[1] World Bank Group, *Global Economic Prospects, June 2017: A Fragile Recovery* (Washington, D.C., 2017).
[2] Ibid.
[3] Calculated using basic data from the 2015 Census Reports, Philippine Statistics Authority.
[4] United Nations, *World Urbanization Prospects: The 2014 Revision* (New York, 2015).
[5] United Nations Development Programme (UNDP), *Fast Facts: Indigenous Peoples in the Philippines* (Pasay City, Philippines, 2013).
[6] Philippine Statistics Authority, *2015 Census of Population Report* (Manila, 2017).
[7] Sönke Kreft and others, *Global Climate Risk Index 2015* (Bonn, Germany, Germanwatch, 2014).
[8] Javier Bornstein Ortega and Christine Klauth, *Climate landscape analysis for children in the Philippines* (UNICEF, 2017).
[9] UNDP, Human Development Report, income Gini coefficient data, 2016.
[10] Philippine Statistics Authority, *2015 Full Year Official Poverty Statistics of the Philippines* (Quezon City, Philippines, 2016).

Committee also recommended further work on addressing neonatal deaths, undernutrition, data on children with disabilities and adolescent mental health.

8. The 2017 Situation Analysis of Children in the Philippines highlighted common barriers and bottlenecks to the realization of children's rights. These include: (a) weak political accountability and rule of law in the implementation of the legislative and policy framework at the subnational level and how this framework addresses entrenched inequality and vulnerability in such groups as adolescents; (b) uneven capacity for and attention to equity in public financial management to address chronic underspending at the national and subnational levels and structural bottlenecks in the execution of national budgets; (c) incomplete decentralization and capacity of local government units and their linkages with regional, provincial and national entities; and (d) the limited availability and quality of data on adolescent services, children with disabilities and indigenous populations.

9. The Philippines made strong progress towards achieving many of the Millennium Development Goals, including universal primary education, infant and under-five mortality and access to water. However, the national-level data mask significant regional and socioeconomic disparities in key outcomes for children and access to basic services.

10. The national under-five mortality rate decreased from 31 per 1,000 live births in 2013 to 27 in 1,000 in 2017,[11] above the Sustainable Development Goal target of 25 per 1,000.[12] In ARMM, the rate is more than double the national rate, at 55 per 1,000.[13] The national infant mortality rate is 21 per 1,000 live births[14] and 32 per 1,000 ARMM.[15] The main causes of neonatal mortality, early childhood illness and deaths are financial and geographical barriers that limit access to cost-effective, preventive and curative health interventions as well as poor quality of care. The low and decreasing rates of childhood immunization are concerns, with the coverage of the final combined diphtheria/pertussis/tetanus (DPT3) vaccine dropping from 85 per cent in 2013 [16] to 80 per cent in 2017.[17]

11. High levels of stunting persist, at 33.4 per cent in 2015, an increase from 30.3 per cent in 2013.[18] The main contributing factors are inadequate dietary intake, including low breastfeeding rates,[19] infections and poor maternal health and nutrition before, during and after pregnancy.

12. Over 90 per cent of the population have access to basic drinking water; 75 per cent have access to basic sanitation; and 6 per cent still practise open defecation.[20] Sanitation is given low priority by local government and households, resulting in limited investment.

13. Only around 42 per cent of children aged 3 to 4 years were enrolled in early childhood care and development programmes in 2013,[21] and the net enrolment rate for kindergarten was 74.65 per cent in 2015.[22] Challenges include a lack of national data on participation, low financing, a lack of awareness of the value of early childhood care and development services, limited inter-agency coordination and restrictive policies and standards, which inadvertently exclude disadvantaged children, especially indigenous children and children with disabilities.

[11] Philippine Statistics Authority, *National Demographic and Health Survey* (NDHS) 2017 (Quezon City, Philippines, 2018).
[12] Sustainable Development Goals Watch, Philippine Statistics Authority.
[13] NDHS 2013.
[14] NDHS 2017.
[15] NDHS 2013.
[16] Ibid.
[17] NDHS 2017.
[18] Eighth National Nutrition Survey (NNS), Food and Nutrition Research Institute, 2015.
[19] NNS 2013.
[20] World Health Organization/UNICEF Joint Monitoring Programme report, 2017.
[21] Department of Social Welfare and Development.
[22] Philippine Development Plan 2017–2022.

14. The national net enrolment rate for elementary education was 91.05 per cent in 2015, a decrease from 95.5 per cent in 2010.[23] Of concern is the high rate of non-completion at the elementary level at 17 per cent (2015),[24] and the high number of children aged 5 to 15 years out of school, estimated at 2.85 million in 2016.[25] The situation is exacerbated by low levels of educational achievement reflective of chronic low investment over the past decade, outdated teaching methods and limited attention to the development of children's social and emotional skills.

15. High rates of violence against children were revealed in the 2015 National Baseline Survey: physical (64.6 per cent); psychological (62.8 per cent); bullying (61.5 per cent); sexual (24.6 per cent); and cyberviolence (51.3 per cent). Boys and girls are exposed to violence mainly because of poverty and migration, which increase violence at home; the increasing risk of online and offline commercial sexual exploitation and trafficking; social norms that encourage corporal punishment; and the limited availability and awareness of protection services for children. The situation is compounded by a weak child protection system and related laws that are often not enforced, implemented or systematically monitored at the local level. Children and adolescents growing up in conflict-affected areas, especially in Mindanao, face additional risk of violence, including grave violations.

16. Adolescents face key challenges to develop to their full potential. Barriers remain in their access to sexual and reproductive health information and services. Almost 3 in 10 (29 per cent) of new HIV cases in 2016 were among young people below the age of 24 years, primarily boys 15 to 24 years old.[26] The rate of teenage pregnancy is high, reported at 9 per cent among women age 15 to 19[27] and one quarter of pregnant women are anaemic.[28] Adolescents' readiness for the workplace is constrained by high levels of secondary school dropout, limited access to vocational learning and underdeveloped social and emotional skills.[29] There are also growing concerns about the recruitment of young people, especially in Mindanao, by armed groups, including violent extremist groups.

17. The Philippines has one of the narrowest gender gaps globally.[30] However, reports indicate challenges regarding wage equality and the reopening of a health and survival gender gap. Norms and beliefs relating to gender roles underpin violence against women and children and confine women to domestic roles, limiting their access to the formal job market and the ability to escape poverty and gain economic independence.[31] Social norms relating to gender roles and expectations also appear to have a negative impact on educational outcomes for boys.

18. The evaluation of the 2012–2018 country programme highlighted the importance of continued strategic capacity development and the strengthening of policy implementation. Its recommendations include transitioning out of direct cash transfers, procurement services and direct implementation towards high-level strategic upstream engagement. The evaluation also emphasized the importance of working with the regional and provincial levels of Government to strengthen the coordination of programmes and increase the capacity of national partners to scale up successful implementation models.

19. Lessons learned from the evaluation and confirmed through causality analysis and theory-of-change consultations with partners framed the 2019–2023 country programme.

[23] Ibid.
[24] Ibid.
[25] Department of Education Project Development Division, Last-mile learners situational analysis report, June 2016.
[26] HIV/AIDS and Antiretroviral Treatment Registry of the Philippines, December 2016.
[27] NDHS 2017.
[28] 2017 National Demographic and Health Survey
[29] NDHS 2013.
[30] World Economic Forum, *The Global Gender Gap Report 2017* (Geneva, 2017).
[31] Asian Development Bank, Gender Equality in the Labour Market in the Philippines (Mandaluyong City, Philippines, 2013).

These include (a) the addressing of persistent bottlenecks in the provision of holistic early childhood care and development and comprehensive adolescent services; (b) the development of special measures for indigenous children, children with disabilities and children living in conflict- and hazard-prone areas; and (c) the promotion of positive social norms and parental practices. The consultations identified UNICEF as having a key role in partnering with national and subnational government agencies to (a) address the fragmentation of services by strengthening vertical and horizontal coordination across government; (b) strengthen the implementation and inclusiveness of national programmes; (c) fill evidence gaps through the generation, analysis and use of data and strategic information; and (d) address structural constraints in strategic planning and budget execution.

Programme priorities and partnerships

20. The priorities outlined in the Philippine Development Plan 2017–2022 informed the development of the country programme. The plan focuses on inclusive growth, a high-trust society and a globally competitive knowledge economy. Within this framework, the strategic contribution of UNICEF is to support vulnerability reduction, the development of human capital and safe and secure communities and the achievement of sustainable peace.[32]

21. The country programme was developed simultaneously with the United Nations Partnership Framework (UNPF) 2019–2023, with results aligned to its three pillars: people; planet and prosperity; and peace. UNICEF will maximize the use of joint programming with other United Nations agencies, including support for localizing the Sustainable Development Goals and addressing structural bottlenecks in public-sector capacity and implementation challenges related to decentralization. UNICEF will collaborate with other United Nations agencies to promote a comprehensive approach to peacebuilding in Mindanao and in implementing the normative role of the United Nations.

22. Partnerships to strengthen the UNICEF humanitarian response will be integrated across programmes in line with the Core Commitments for Children in Humanitarian Action. Under the leadership of the Office of Civil Defense/National Disaster Risk Reduction and Management Council and the Climate Change Commission, UNICEF will continue to participate in cluster coordination mechanisms and strengthen the preparedness capacity of partners for short-term and long-term hazards.

23. Intensified collaboration with such regional bodies as the Association of Southeast Asian Nations and the Asian Development Bank is envisaged to strengthen regional cooperation around local child-focused governance, investment in cognitive capital and solutions to violence against children.

24. The overall theory of change underpinning the country programme is that the fulfilment of child rights is possible only when: (a) essential services are relevant and of high quality; (b) essential social services have been adequately scaled up; (c) services are more resilient and inclusive; (d) children, adolescents and parents and other caregivers demand quality services and practise safe behaviours; and (e) children and families are prepared for and able to mitigate risks and respond appropriately to shocks and stresses.

25. UNICEF will address inequalities in child outcomes where they are most prevalent and severe, including specific vulnerabilities for children and adolescents; strengthen the resilience of their families, communities and the environments in which they live; and ensure that they develop to their full potential and live in environments that are safe, protected and responsive to their needs. UNICEF will focus on the rights of the country's estimated 12 million poor children who experience multiple deprivations.[33] These include

[32] National Economic and Development Authority, *Philippine Development Plan 2017-2022* (Manila, 2017).

[33] Estimated using data on poverty, 2015, from the Philippine Statistics Authority, released 30 June 2017.

children living on the streets, child workers, children from indigenous communities, displaced children, children with disabilities and children living in ARMM.

26. UNICEF will continue to strengthen the integration of gender across all programming and ensure that gender equality is central to legislation and policy development, research, resource allocation and planning. Gender-responsive interventions focusing on equity in gender norms will be designed to achieve results for children.

27. UNICEF will work with the national authorities to maximize the impact of the country programme nationwide, while modeling selected high-impact interventions and at-scale programming in the poorest and conflict-affected parts of Mindanao and in impoverished urban and rural remote locations within at least two, hazard-prone, poorer provinces. Geographic programme convergence will be emphasized to address multiple deprivations and to maximize return on investments.

28. Six core change strategies will be applied at the national and subnational levels to address common barriers to the realization of child rights:

(a) *Evidence generation and use* – generating high-quality evidence to influence and inform the development and implementation of policies and programmes for children, identify emerging and strategic issues and contribute to global knowledge on children;

(b) *Policy advocacy* – influencing policies, plans and public financing to have the greatest impact on multidimensional child poverty and family resilience;

(c) *Public discourse and social norms* – harnessing the vibrant mass media, including digital and social, to engage more directly with citizens, particularly the large youth population, together with civil society organizations (CSOs) and the private sector to effect positive social change;

(d) *Leveraging resources and partnerships for children* – engaging a wide range of stakeholders, including all levels of government, bilateral and other development partners, civil society, the media and young people, to establish priorities and commitments to use funds as a catalytical resource for effective, scalable and sustainable interventions and working with the private sector to influence local business practices for children's rights;

(e) *Investing in policy and programme implementation capacities at the national and subnational level* – developing and delivering child- and equity-focused integrated programmes, planning, budgeting and coordination;

(f) *Harnessing innovation* – maximizing opportunities through the innovative use of technology to leverage national investments for children.

Survive and thrive

29. This component is aimed at addressing the high rates of stunting and neonatal deaths and the low rates of immunization to ensure inclusive access to age-appropriate, culturally sensitive, gender-responsive and resilient nutrition, health and water, sanitation and hygiene (WASH) interventions, including in humanitarian situations, especially for the most-vulnerable children, adolescents and women.

30. UNICEF will prioritize assistance for equity-focused health systems strengthening, building on the experience of UNICEF in policy and legislative advocacy and operations research in the Philippines. UNICEF will advocate with national and subnational policymakers to address technical, organizational and public financing gaps in health, nutrition and WASH and to improve coordination, planning and budgeting. UNICEF will support the Department of Health and the National Youth Commission to generate evidence on adolescent physical and mental health.

31. In collaboration with the World Health Organization and other partners, technical support will be provided to the Department of Health to address persistent implementation challenges in maternal, child and adolescent health services, such as immunization coverage.

It will address financial bottlenecks that hinder access to health systems by partnering with PhilHealth (Philippine Health Insurance Corp.) to strengthen the effective implementation of inclusive national health insurance benefits.

32. In collaboration with the National Nutrition Council, Department of Interior and Local Government and other partners, UNICEF will provide technical support to local government to build its capacity to shift from fragmented vertical approaches to integration into the First 1,000 Days national programme of interventions in the areas of social protection, child protection, health, hygiene and sanitation, nutrition and early childhood care and development.

Quality and inclusive lifelong learning

33. This component is aimed at increasing access to quality and inclusive lifelong learning. UNICEF will collaborate with the Early Childhood Care and Development Council and the Department of Social Welfare and Development to increase access to early childhood care and development and with the Department of Education to increase inclusive access to early learning, preschool, primary and lower secondary education and to strengthen the integration of nutrition, WASH (including menstrual hygiene management) and disaster risk reduction education and services in schools.

34. UNICEF will support national capacity strengthening to improve the quality and relevance of teaching and the learning environment and will strengthen its cooperation with sector partners, particularly with the Governments of Australia and Japan, to promote greater access to formal and non-formal learning opportunities for children and adolescents, including social and emotional learning and twenty-first century skills. UNICEF will work with multiple partners to ensure that children and adolescents from indigenous populations and children with disabilities have access to appropriate and relevant learning environments. It will also undertake evidence-informed advocacy on the need for greater investment in the country's cognitive capital.

35. On the basis of the 2016 evaluation of the education programme, UNICEF will provide technical support to strengthen the enabling environment for learning, working with the Department of Education on policies, strategic planning and equitable resource allocation. UNICEF will build on the current investments in innovative research and policy development to promote quality early childhood care and development, particularly in Mindanao. Technical expertise will be provided to the Department of Education and other partners to strengthen the implementation of national learning programmes and support systems for parents and caregivers of young children and adolescents and for adolescent parents.

Protective environment

36. This component is aimed at contributing to the reduction of all forms of violence, including the online and offline exploitation of children and the strengthening of the protection of children, including those affected by natural disasters and situations of armed conflict.

37. UNICEF will support four key strategies towards the planned outcome: (a) establishing robust legal and policy frameworks based on international standards; (b) building national commitment to multisectoral plans and action; (c) improving equitable access to interventions to prevent violence and more responsive services for children and families; and (d) promoting positive norms that discourage all forms of violence.

38. Guided by recent evidence,[34] UNICEF will work with partners to strengthen their capacity to implement the Philippine Plan of Action to End Violence against Children, the National Response Plan to Prevent and Address Child Online Sexual Exploitation and

[34] Council for the Welfare of Children and UNICEF, National baseline study on violence against children: Philippines (2016).

Abuse and the Comprehensive Emergency Programme for Children in line with the Children's Emergency Relief and Protection Act. UNICEF will collaborate with key national executive agencies, including law enforcement and the judiciary, to increase their capacity to prevent and respond to violence against children and adolescents, including in humanitarian situations. UNICEF will provide technical assistance to regional and provincial government structures to strengthen community-based mechanisms for violence prevention and multisectoral responses.

39. UNICEF will provide technical assistance to national and local government partners to develop strategies that mobilize communities to identify and report cases of violence and provide appropriate, quality and inclusive child welfare services. UNICEF will build the capacity of multiple partners to collaborate to promote positive social norms. Core messages on the prevention of violence against children and response to such violence will be integrated within the health, education and WASH sectors to ensure a multisectoral response.

40. Considering the significant disparities in the conflict-affected parts of Mindanao, UNICEF will work with the regional Government and line departments of the Autonomous Region as well as United Nations agencies and CSOs to strengthen subnational capacities to protect children at risk of or affected by violence or humanitarian situations. This includes enhancing multisectoral capacities to reduce children's risks and vulnerabilities by strengthening access to health care, nutrition, water, sanitation, education and learning opportunities within the comprehensive normalization programme.

Social policy and governance

41. This component will address multidimensional child poverty and the need to build family resilience to the shocks and stresses caused by natural disasters, armed conflict or climate change.

42. UNICEF will use evidence-informed advocacy to influence national policy development, planning and budgeting in favour of the most vulnerable children. It will partner with the Philippines Statistics Authority and United Nations agencies to strengthen national capacities to develop and adopt innovative approaches to using quality data and research to address multidimensional child poverty, including collecting and using gender- and age-disaggregated data and undertaking gender analyses in vulnerability assessments.

43. UNICEF will build on recent initiatives to strengthen national and subnational equity-focused public financial management and will support the Department of the Interior and Local Government to further integrate disaster preparedness and climate change adaptation in local government planning and budgeting systems in urban and rural contexts.

44. In coordination with partners, UNICEF will support capacity development to strengthen the Government's monitoring of the Sustainable Development Goals at the national and subnational levels and for the implementation of the National Evaluation Policy, including results-based monitoring, evaluation and reporting.

45. In coordination with the Asian Development Bank, the World Bank Group and the Government of Australia, UNICEF will provide technical support and undertake advocacy to ensure that socially excluded groups, including indigenous children, children with disabilities and other marginalized children and their families benefit from the Government's universal social protection and poverty reduction programmes.

Programme effectiveness

46. This component supports actions to ensure the effective implementation and management of the country programme, including programme coordination, strategic communication and private sector engagement. It supports the coordination of research, monitoring, evaluation, advocacy and partnerships. It also includes efforts to strengthen disaster risk reduction, emergency preparedness and response and climate change adaptation as well as the application of gender analyses across all programme components.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Survive and thrive	3 620	30 140	33 760
Quality and inclusive lifelong learning	1 990	27 400	29 390
Protective environment	2 260	17 900	20 160
Social policy and governance	4 530	5 310	9 840
Programme effectiveness	4 980	14 050	19 030
Total	**17 380**	**94 800**	**112 180**

Programme and risk management

47. The country programme will be coordinated by the National Economic and Development Authority, under the mechanisms for the coordination and management of the UNPF.

48. UNICEF will build on the lessons learned from the previous country programme and institute coordination mechanisms to strengthen cross-sectoral linkages and the monitoring of programme effectiveness. It will strengthen institutional capacity in results-based management, which will also contribute to addressing fiduciary risks. Standard office business and emergency preparedness procedures will be updated to ensure that the country programme can continue and adequately support the Government in the event of a major disaster.

49. Key risks for achieving results include the multiple natural hazards, the increasing threat of climate-related emergencies; increasing insecurity in Mindanao; the reorganization of social services and the Government with the move towards federalism and the establishment of the Bangsamoro Autonomous Region; a reduction in resources for sustaining core priorities; and the ability of other United Nations agencies to support joint commitments. The risk management strategy involves developing evidence on costed interventions and advocacy that target decision-makers in the public and private sectors and influence public discourse and partnership mechanisms to leverage equity-focused investments for children. Mitigation measures include strengthening emergency response preparedness and building resilience and the detection of slow-onset climate-related emergencies into regular programming.

50. This country programme document outlines the UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

51. Progress towards results will be assessed during mid- and end-year reviews with Government and other partners. The annual review will analyse progress towards overcoming priority deprivations as envisaged in the theory of change, including the identification of bottlenecks. This will inform adjustments to rolling work plans. Field monitoring and assurance, including joint programme visits with partners will be conducted regularly.

52. UNICEF will continue to work with partners, including the National Economic and Development Authority, the Philippines Statistics Agency and subnational entities, to strengthen the monitoring of joint United Nations programmes to track progress under the UNPF, and will support reviews to determine in which areas to strengthen gender-based priorities and approaches under the UNPF and the country programme, in line with the national gender action plan.

53. Major evaluations will be undertaken of four programmes: (a) the First 1,000 Days national programme; (b) the child protection programme; (c) the peacebuilding approach; and (d) the country programme. The findings will be used to strengthen programme implementation, influence policies and legislation and inform the strategic direction of partnerships with the Government.

Annex

Results and resources framework

Philippines – UNICEF country programme of cooperation, 2019–2023

Convention on the Rights of the Child: articles 1–26 **National priorities:** Philippine Development Plan 2017–2022 Chapter 10: Accelerating human capital development Chapter 11: Reduce vulnerability of individuals and families Chapter 12: Building safe and secure communities Chapter 17: Attaining just and lasting peace **Sustainable Development Goals**: 1–6 and 16
United Nations Partnership Framework 2019–2023 outcomes involving UNICEF: **People:** By 2023, the most marginalized, vulnerable and at-risk people and groups benefit from inclusive and quality social services and live in healthy and supportive environments wherein their nutrition and food security is ensured/protected. **Planet/prosperity**: By 2023, urbanization, economic growth and climate change amid changing demographics are converging to ensure that communities are on a sustainable, inclusive, resilient and prosperous development path. **Peace**: By 2023, national and local governments and key stakeholders recognize and share a common understanding of the diverse cultural history, identity and inequalities of areas affected by conflict, enabling the establishment of inclusive and responsive governance systems and accelerating sustainable and equitable development for a just and lasting peace in all of Mindanao. **Outcome indicators measuring change that reflect UNICEF contribution:** Prevalence of stunting among children under the age of 5 years Maternal mortality ratio Mortality rate from food- and water-borne diseases HIV incidence per 1,000 population
UNICEF Strategic Plan, 2018–2021 Goal Areas: 1–5

UNICEF outcomes	*Key progress indicators, baselines (B)[1] and targets (T)[2]*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. Survive and thrive By 2023, more children, adolescents and women, particularly the most vulnerable, benefit from improved and equitable neonatal, child, maternal and adolescent health and nutrition services, and adopt healthy life practices.	Proportion of children under five years of age who are stunted B: 33.4% (2015) T: 21.4% (2023)	National Nutrition Survey	Government and partners have enhanced capacity to plan, deliver and monitor coordinated multisectoral, gender-responsive approaches at scale to reduce stunting and other forms of malnutrition. The health system is strengthened to accelerate equitable access to high-impact interventions for reducing preventable newborn deaths, early childhood illnesses and disability. The Government demonstrates a strengthened capacity to ensure that adolescents have improved access to gender-responsive physical, mental, sexual and reproductive health services and information. The Government and partners have strengthened capacity to develop, implement and monitor coordinated, evidence-based policies, strategies and plans for equitable, gender-responsive and sustainable access to basic water, sanitation and hygiene (WASH) services.	National Nutrition Council; Department of Health; Department of the Interior and Local Government (DILG); National Youth Commission; Scaling Up Nutrition; United Nations agencies; regional Government of the Autonomous Region in Muslim Mindanao	3 620	30 140	33 760
	Neonatal mortality rate B: 13 per 1,000 live births (2013) T: 10 per 1,000 live births (2022)	National Demographic and Health Survey					
	Proportion of people practising open defecation B: 6% (2015) T: 0% (2023)	World Health Organization-UNICEF Joint Monitoring Programme annual report					
2. Quality and inclusive lifelong learning By 2023, more children and adolescents, especially the most	Proportion of students moving "towards mastery" and "mastery" levels on the Elementary National Achievement Test (NAT)	NAT database	Government authorities have improved capacity to deliver inclusive, gender-responsive, equitable and quality early childhood education.	Department of Education; DILG; Early Childhood Care and Development Council; Department	1 990	27 400	29 390

[1] Where baseline year is not specified, data are from 2014.
[2] Where no target date is specified, the target year is 2023.

UNICEF outcomes	*Key progress indicators, baselines (B)[1] and targets (T)[2]*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
disadvantaged, have improved education and learning outcomes.	B: 63.93% (2014–2015, boys: 61.37%; girls: 66.56%) T: 74.39% (school year 2022–2023) with gender parity		Government authorities have strengthened capacity to improve the system for quality, equitable and inclusive education, including the development of social and emotional skills. The Government has strengthened coordination mechanisms and approaches to enhance the capacity of parents and caregivers to practise behaviours and demonstrate attitudes that help children and adolescents to learn and thrive.	of Social Welfare and Development (DSWD); National Youth Commission; Regional Government ARMM			
	Early Language Literacy and Numeracy Assessment Results (ELLNA) at Grade 3 B: TBD after ELLNA is implemented in 2018–2019 T: TBD with gender parity (2023)	ELLNA database					
	Percentage of children (3–4 years) attending preschool B: 42% (day care, 2013) Sex-disaggregation available in late 2018 T: TBD (2023)	Early Childhood Care and Development Information System					
	Proportion of primary schools with sanitation facilities for girls that meet national standards B: TBD (2019) T: TBD (2023)	Basic Education Information System					
3. Protective environment By 2023, more children and adolescents, particularly the most vulnerable, benefit from a more-effective, quality, gender-sensitive, preventive and responsive	Number of boys and girls who have experienced violence reached by social, justice or law enforcement services B: 3,862 (2017) (boys: 1,718; girls: 2,144) T: TBD (2023)	Department of Social Welfare and Development child protection data	The legislative and institutional framework is strengthened to better protect boys and girls who are vulnerable and exposed to violence, abuse, exploitation and harmful gender norms. The child welfare system has strengthened capacity to deliver	DSWD; Department of Justice; Supreme Court; Juvenile Justice and Welfare Council; Council on the Welfare of Children; Office of the Presidential Adviser on the Peace	2 260	17 900	20 160

UNICEF outcomes	*Key progress indicators, baselines (B)[1] and targets (T)[2]*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
child protection system and live in communities that better protect children from violence.	Percentage of reported cases of grave child rights violations verified and responded to annually B: 65% (2017) Sex-disaggregated data available in late 2018 T: 75% (2023)	Monitoring and Reporting Mechanism, Information Management System	local, multisectoral, gender-sensitive services that prevent and respond to violence against children. Children and adolescents affected by disasters and those affected by armed conflict in Mindanao are increasingly able to access critical social services. The general public in the Philippines, adolescents in particular, are better informed and act to eliminate all forms of violence.	Process; Commission on Human Rights; Regional Government ARMM			
	Percentage of UNICEF targeted local government units with at least the minimum ratio of child-centred social workers (boys/girls per population), based on national standards and with capacity to provide gender-responsive child and family social services B: TBD (2018) T: TBD (2023)	Department of Social Welfare and Development					
4. Social policy and governance By 2023, the most disadvantaged children, families and communities in remote rural areas and impoverished urban pockets have access to inclusive systems that protect them from poverty and enhance their ability to appropriately respond to emergencies and climate-change risks.	Number of children covered by government cash transfer programmes B: 9,501,620 (2017) Sex-disaggregated data available in late 2018 T: 9,605,607 sex-disaggregated (2023)	DSWD Pantawid Pamilya Information System	The capacity of the Government and key stakeholders to plan, budget and provide access to inclusive, integrated, resilient and quality basic social services is strengthened. The equity, child focus and shock-responsiveness of government national social protection programmes are strengthened.	National Economic and Development Authority; DSWD; Philippine Statistics Authority; National Anti-Poverty Commission; Department of Budget and Management; DILG; Regional Government ARMM	4 530	5 310	9 840
	Share of public spending on health, education and social protection benefiting children living in the poorest regions B: TBD (2018) T: TBD (2023)	Department of Budget and Management Database					

UNICEF outcomes	*Key progress indicators, baselines (B)[1] and targets (T)[2]*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
5. Programme effectiveness Programmes are efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children in development and humanitarian settings.	Percentage of management and programme priority indicators meeting scorecard benchmarks B: TBD (2018) T: 100% (2023)	inSight	UNICEF staff and partners have the guidance, tools and resources for effectively planning, monitoring and evaluating country programme outcomes. UNICEF staff and partners have the guidance, tools and resources for effective communication on child rights issues with partners and stakeholders. More companies are mobilized to adopt children's rights and business principles and commit as active partners in the promotion, protection and fulfilment of child rights within their working environment and sphere of influence. Strategies to address cross-cutting issues related to child rights are developed and applied.	National Economic and Development Authority; United Nations agencies; private sector	4 980	14 050	19 030
	Percentage of funds received as other resources against 2019–2023 country programme planned amount B: TBD (2018) T: 90% (2023)	inSight					
	Percentage of country office "accepted" evaluation recommendations implemented, closed and reported within 12 months of uploading B: 50% (2018) T: 100% (2023)	Evaluation Management Report Tracking System					
Total resources					**17 380**	**94 800**	**112 180**

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Country programme document

Burundi

Summary

The country programme document (CPD) for Burundi is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $56,505,000 from regular resources, subject to the availability of funds, and $76,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2019 to 2023.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2018.

* E/ICEF/2018/19.
Note: The present document was processed in its entirety by UNICEF.

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Programme rationale

1. Burundi is the second most densely populated country in the African continent. Its population of 11 million is growing at 2.5 per cent annually,[1] with a fertility rate of 5.5 births per woman.[2] Children (aged 0–17 years) represent more than half (55 per cent) of the population, and adolescents (aged 10–19 years) represent one quarter (25 per cent).[3] Nearly 90 per cent of the population lives in rural areas.

2. Ranked 184 out of 188 countries in the 2016 Human Development Index,[4] Burundi has a per capita gross domestic product of $286. In 2014, 65 per cent of the population lived below the national poverty line and 86 per cent on less than $1.90 per day,[5] with the situation likely to have worsened since that time.

3. The country has the highest rate of chronic malnutrition (stunting) in the world, at 56 per cent among under-five children,[6] (the average for sub-Saharan Africa is 34 per cent).[7] The effects of stunting on child mortality, school performance and household income perpetuate the intergenerational cycle of poverty and deprivation. The high rate of childhood stunting has resulted in a 13 per cent reduction in per capita income among the workforce.[8] Most Burundian children (78 per cent) suffer from multiple deprivations,[9] with child deprivation especially high in the north-eastern, mostly rural part of the country, while children in urban areas are generally better off.[10]

4. Frequent shocks occur in every key sector; the country is prone to flooding, droughts, landslides and cholera and malaria epidemics. The most recent onset of violence exacerbated the country's long-standing socioeconomic challenges, weakening family and community capacity to care for children. Many people have fled their homes.

5. In the past, nearly half of the state budget was financed by external sources, but many donors have withdrawn direct support to the Government in the past few years, although traditional donors, including the Government of Belgium and the European Union, have continued direct support to the population. The economy contracted sharply in recent years and has not yet recovered. Public spending in the social sectors appears to have declined, although government data has not been available in recent years.

6. Gender inequity is manifested in many ways, including through gender-based violence and the disproportionate burden of collecting water (which falls primarily on women and girls).[11] One in two women – and one in four men – experience emotional, physical or sexual violence from their spouse or partner.[12]

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[1] Government of Burundi, Demographic Projections, 2016.
[2] Government of Burundi, Third Demographic and Health Survey in Burundi 2016–2017, 2017.
[3] Ibid.
[4] United Nations Development Programme, *Human Development Report 2016*, New York, 2016.
[5] Government of Burundi, Household Living Conditions Survey, 2014.
[6] Demographic and Health Survey, 2017.
[7] UNICEF, *The State of the World's Children*, New York, 2017.
[8] World Bank, 'The Economic Costs of Stunting and How to Reduce Them', Policy Research Note No. 5, 2017.
[9] UNICEF, *Child Poverty in Burundi* (Multiple Overlapping *Deprivation Analysis* [MODA]), 2017.
[10] Ibid.
[11] UNICEF Burundi, Gender Programmatic Review Report (draft), 2017; National Federation of Associations Engaged in Child Protection, *Press Release 020/2016*, 2016.
[12] Demographic and Health Survey, 2017.

7. Children with disabilities, children in the Batwa ethnic group (which makes up 1–2 per cent of the population) and children with albinism are among those who experience discrimination. The limited available evidence suggests these children are disproportionately vulnerable to school dropout and to violence, abuse and neglect.[13] Since ratifying the Convention on the Rights of Persons with Disabilities in 2014, the Government has taken measures towards the inclusion of children with disabilities, particularly in schools.

8. Burundi has high rates of under-five, infant and neonatal mortality (78, 47 and 23 deaths per 1,000 live births, respectively),[14] despite high immunization coverage (more than 90 per cent for all antigens among children aged 12–23 months), and has a high maternal mortality ratio (334 deaths per 100,000 live births).[15] Preventable and treatable illnesses remain prevalent for children under five, and among this group there are high rates of acute respiratory infections (7.1 per cent), diarrhoea (22.5 per cent) and fever (39.5 per cent).[16] Although Burundi is a Global Plan priority country for the elimination of mother-to-child transmission of HIV, the rate remains high (8 per cent).[17] Health care is free of charge for under-five children and pregnant women and coverage is high. Quality of service remains a challenge, however; the high rate of childbirth in health facilities (84 per cent)[18] contrasts with high maternal and neonatal mortality rates. Community health and nutrition interventions have a limited reach. Addressing chronic malnutrition in Burundi requires substantial investment and a response that extends far beyond the health sector.

9. An ambitious reform of fundamental education (Grades 1–9) has enabled Burundi to achieve universal primary and lower secondary education. Dropout rates are high (8 per cent in the primary grades),[19] and vulnerable children, including young mothers, children with disabilities and internally displaced persons and returnees, tend to be excluded from school. Only an estimated 5 per cent of children aged 0–5 years have access to early learning services.[20] Barriers and bottlenecks relate mainly to quality and equity, and include insufficient and poor quality infrastructure; insufficient teaching time; poorly qualified and motivated teachers who are randomly deployed to different geographical areas; insufficient pedagogical materials; overaged children in crowded classrooms; lack of inclusive education; limited planning capacity; poor security in and around schools; indirect school costs; and the opportunity costs to poor families of sending their children to school.

10. Many children are victims of, or witnesses to, violence, abuse and exploitation, including hazardous work, human trafficking and gender-based violence. Although the births of 83.5 per cent of under-five children are registered, only 66.2 per cent of them have birth certificates.[21] The arrest and detention of children, long pre-trial detentions and limited access to services affect children in conflict with the law. Many

[13] Bureau international des droits des enfants, *Etat des lieux de la formation de la police et de la magistrature aux droits de l'enfant et à la justice pour mineurs au Burundi*, 2014; International Working Group of Indigenous Affairs, 4th Ordinary Session of the African Commission on Human and Peoples' Rights, 2009; UNICEF, Children accused of witchcraft: An anthropological study of contemporary practices in Africa, 2010; Independent National Human Rights Commission of Burundi, *Étude sur l'exploitation et le trafic des enfants au Burundi*, 2014.

[14] Demographic and Health Survey, 2017.

[15] Ibid.

[16] Ibid.

[17] Ministry of Public Health and the Fight Against AIDS, Preliminary Annual Report on Activities on the Fight against HIV/AIDS and STDs in the Health Sector, 2016.

[18] Demographic and Health Survey, 2017.

[19] Government of Burundi, *Statistical Yearbook of Education 2015–2016*.

[20] Government of Burundi, Educational Management Information System, 2016.

[21] Demographic and Health Survey, 2017.

children living and working on the street are forcibly removed, and children lacking parental care are often placed in institutions. Bottlenecks to child protection include a weak legal framework and enforcement of existing laws; inadequate social welfare workers; lack of case management policy and capacity and a centralized child protection management information system; and low access to vocational training and reintegration opportunities. Justice for children is hampered by rapid staff turnover, a lack of female officials and weak coordination among actors in the penal chain. Birth registration and certification are impeded by limited time for registration, a requirement of two witnesses in order to register a birth and long distances to travel for certificates.

11. Poor water supply, sanitation and hygiene are the root causes of the country's high stunting rate and frequent cholera outbreaks, and waterborne diseases are rampant. Most parts of the country have low access to basic drinking water within a 30-minute round trip (48 per cent) and low access to improved unshared toilet facilities (44 per cent).[22] Only 6 per cent of the population uses soap and water for hand-washing.[23] Only 44 per cent of schools have access to safe drinking water, and less than 18 per cent have functional hand-washing facilities.[24] Running water is unavailable in most maternity wards. Up to one third of public water supply systems are out of order.

12. Given its young and rapidly growing population, the prospects for stability and development in Burundi depend on fulfilling the rights of adolescents, whose concerns centre on providing enough food for their families.[25] Youth unemployment is high, and education is no longer a direct route to paid work. Adolescents have very low access to services and information adapted to their needs. Rather than recognizing the potential of adolescents as agents of positive change, adults may view them as instigators or victims of violence, and exclude them from community strategies to mitigate abuse, exploitation and violence.[26]

13. Sixty-nine per cent of children live in households that have insufficient means to meet their basic needs.[27] Social protection is crucial to address poverty in Burundi, yet coverage remains very low. Other key social policy bottlenecks include inadequate routine monitoring of child poverty and a lack of information on public expenditures.

14. A key lesson learned is that maintaining the UNICEF portfolio across the humanitarian-development continuum is essential. The nature and extent of donor funding during the programme cycle cannot be predicted, and the country's humanitarian and development situation continues to evolve. The events of recent years and reprogramming by traditional donors have placed United Nations funds and programmes, and UNICEF specifically, at the centre of the humanitarian response. Meanwhile, the reduction of funding for development interventions threatens the resilience of social services. UNICEF programming must continue to respond with agility and flexibility to the country's rapidly changing environment.

15. Another key lesson learned is that effectiveness in supporting resilience at the community level requires a multisectoral strategy; reinforcement of existing structures; inclusive participation and adolescent engagement; and alignment with the national administrative structure. The response to the cholera outbreaks in 2016–2017

[22] Ibid.
[23] Government of Burundi, National Hygiene and Basic Sanitation Survey, 2014.
[24] *Statistical Yearbook of Education 2014–2015.*
[25] UNICEF consultations with adolescents and youth, 2013–2014.
[26] Cook, P. et al., International Institute for Child Rights and Development, *Community Engagement to Strengthen Social Cohesion and Child Protection in Chad and Burundi*, 2016.
[27] *UNICEF, Child Poverty in Burundi*, 2017.

demonstrated the effectiveness of using a multisectoral approach. Child protection committees, which are widely participatory and build on existing structures, have successfully reinforced child protection in communities throughout the country. Alignment of the country programme with the administrative structure enhances legitimacy, creates sustainable lines of support and facilitates data collection. UNICEF programming has also shown that enabling young people to practice life skills in participatory platforms helps them to deal with social issues, engage constructively with local authorities and contribute to peacebuilding.

16. The UNICEF comparative advantage includes its community mobilization and peacebuilding experience, multisectoral expertise, solid relationship with the Government and on-the-ground presence. Chronic malnutrition, child poverty, adolescent rights, community resilience and the humanitarian-development continuum are cross-cutting priority areas where UNICEF will draw upon this advantage. UNICEF is also uniquely positioned to support service provision, including supply chains for essential commodities. Having both a seat at the policy table as well as a strong on-the-ground presence in the field lends additional credibility to UNICEF as a key actor in Burundi.

17. Based on the most pressing child rights issues, the lessons learned and the UNICEF comparative advantage, the following programme components have been selected: (a) health and nutrition, (b) education, (c) child protection, (d) water, sanitation and hygiene (WASH), (e) adolescent empowerment and community resilience, (f) social policy and advocacy and (g) programme effectiveness.

Programme priorities and partnerships

18. The overall goal of the country programme is to ensure that girls, boys and women, especially the most vulnerable, have access to and utilize high quality, equitably delivered and age-appropriate services, and build resilience to shocks and emergencies.[28] The theory of change holds that if the policy/budgetary environment becomes more child-focused, if committed duty-bearers have the requisite capacities, and if children, families and communities have knowledge and behaviours favourable to child rights, then the goal can be realized.

19. The main assumptions underpinning achievement of the goal are that multisectoral coordination will be strengthened (internally within UNICEF, and with the Government and national and international partners); chronic malnutrition, poverty reduction and adolescents (10–19 years old) will remain national priorities; communities will engage; supply disruptions will be manageable; and programme funding will be available.

20. The country programme is aligned with the Sustainable Development Goal national prioritization of 2017; the proposed outcomes of the United Nations Development Assistance Framework (UNDAF) 2019–2023; and national priorities in sectoral policies.

21. The **health and nutrition programme** will contribute to ensuring that children and women, especially the most vulnerable and hard to reach, utilize more quality essential health and nutrition services and benefit from positive health and nutrition care practices. For the prevention of chronic malnutrition, the programme will focus on the first 1,000 days of life. Specifically, it will:

[28] "Resilience" refers to the ability to withstand threats or shocks in ways that preserve integrity and that do not deepen vulnerability. UNICEF Eastern and Southern Africa, Resilience building, www.unicef.org/esaro/5484_emergencies_results.html (accessed 8 May 2018).

(a) Address barriers to quality facility-based services by supporting enhanced quality of antenatal and newborn care; promoting birth registration and certification; supporting prevention of mother-to-child transmission of HIV and paediatric HIV care; strengthening immunization; promoting good infant and young child feeding practices; supporting the integration of vitamin A supplementation and deworming into the routine health system; linking the cash transfer programme to communities with large numbers of undernourished children; and strengthening emergency preparedness and response;

(b) Address community-level impediments to optimal practices by supporting comprehensive packages of health and nutrition interventions for the first 1,000 days of life; strengthening linkages between health facilities and communities to bring about behaviour change; supporting the training of community health workers; using Batwa community health workers to increase immunization coverage among deprived groups; ensuring multisectoral, multi-partner approaches to improving nutrition; and advocating for a national plan to address cholera (in conjunction with the WASH programme);

(c) Address barriers to effective systems and governance by supporting the development or improvement of policies, norms, guidelines and training material on childhood disease prevention and management and stunting reduction; advocating for increased national financing; participating in coordination mechanisms, including those for humanitarian coordination; supporting the Scaling Up Nutrition (SUN) secretariat and promoting donor/stakeholder engagement in the SUN platform; and promoting health systems strengthening (technical capacity, supply chains and the health management information system);

(d) Quality improvements will be emphasized throughout the health and nutrition programme, at the facility, community (particularly through improved technical capacities) and policy levels.

22. The **education programme** will contribute to ensuring that more preschool and school-aged children benefit from equitable, inclusive and quality education and acquire the necessary skills to continue their education or integrate into the labour market. Specifically, the programme will:

(a) Address barriers to access and quality by supporting the training of teachers in fundamental schools and preschools; editing and printing of updated textbooks; construction of inclusive child-friendly schools (inclusive of preschool facilities); and scaled up training of school management committees on maintenance of school infrastructure and performance monitoring of teachers;

(b) Address barriers to equity and retention by strengthening the capacity and accountability of school management committees and other duty-bearers for the prevention of discrimination and dropout – particularly with regard to adolescent girls, children with disabilities and children affected by emergencies – and by supporting access to and demand for quality early learning opportunities;

(c) Address barriers to effective systems and governance by: supporting the development and implementation of the national strategy for early learning and school preparedness; strategy development for equity in education; the integration and use of a human resources module in the Education Management Information System (EMIS); the generation of more timely and reliable EMIS data, humanitarian coordination, preparedness and response (including capacity strengthening of the education in emergencies response group); and the development of a decentralized school maintenance strategy.

23. The **child protection programme** will contribute to ensuring that girls and boys, particularly the most vulnerable, have access to a child protection system that effectively protects them from violence, abuse and exploitation, including in humanitarian situations. Specifically, the programme will:

(a) Address barriers to effective systems and governance through support for a review of the legal and institutional framework; development of a new national child protection policy; the application of existing laws and policies; monitoring of and reporting on implementation of the Convention of the Rights of the Child; coordination mechanisms for prevention and response to violence, exploitation and abuse (including in humanitarian action); justice sector reforms (including the institutionalization of social work and gender equality in staff recruitment/nomination); establishment of child-friendly, gender-sensitive alternative care; and improvements in data collection and management;

(b) Address institutional constraints to quality child protection service delivery through support for capacity development of actors in the justice system (including the introduction of a case management system), with a focus on the specific needs of girls; capacity development of provincial child protection authorities and community-based child protection committees; the introduction of birth registration at health facilities; and emergency preparedness and response at subnational levels;

(c) Support families and communities in protecting children through strengthening child protection committees and solidarity groups, community-based reconciliation and reparation, and communication for behaviour change.

24. The **WASH programme** will contribute to ensuring that a larger share of the population uses adequate, equitable and sustainable basic WASH services in households, schools and health-care facilities in target rural, peri-urban and humanitarian settings. Specifically, the programme will:

(a) Address barriers to sanitation and hygiene by supporting community approaches to total sanitation, promoting behaviour change in key hygiene practices and supporting improved sanitation and hygiene services in schools and health and nutrition centres;

(b) Promote access to safe, affordable and sustainable water supplies by supporting initiatives to raise community demand, awareness and participation in water supply systems; water safety planning; risk assessments; risk mitigation and building resilience to climate change, environmental degradation and disasters; and humanitarian coordination, preparedness and response;

(c) Address barriers to effective systems and governance by promoting accountability throughout the WASH chain of responsibility; strengthening monitoring systems at all levels; advocating for additional resource allocation; supporting sector coordination and partnerships (including with the private sector); and advocating for the development of guidelines, standards and planning and budgeting mechanisms.

25. The **adolescent empowerment and community resilience programme** will contribute to ensuring that more adolescent girls and boys, especially the most vulnerable, participate in their communities, practice healthy behaviours, and utilize services adapted to their needs while the resilience of their communities is strengthened in target areas. Specifically, the programme will:

(a) Promote increased life skills and protection among adolescent girls and boys through communication for development to increase the demand for adolescent-friendly protection services, including for HIV prevention; and to promote positive

behaviour change by strengthening life skills education and activities and scaling up peacebuilding activities in target areas;

(b) Promote increased access by adolescent girls and boys to health, nutrition, education, protection and WASH services adapted for them through collaboration across UNICEF programmes in strengthening services for adolescents in target areas; and developing and leading a strategy to integrate adolescent-related programming with adolescent participation;

(c) Strengthen community capacity to increase the resilience of children and families to shocks and emergencies by providing capacity-building support to community-based organizations; reaching and engaging adolescents in child protection through the media and U-Report (social messaging tool) and facilitating adolescent networks and community participation.

26. The **social policy and advocacy programme** will contribute to ensuring that more vulnerable children benefit from social inclusion interventions guided by high quality analysis on the policy environment and public spending and strengthened by institutional support. Specifically, the programme will:

(a) Support the collection and analysis of disaggregated data on monetary and multidimensional child poverty; the compilation of information on public social sector spending; and the dissemination of related analyses for use in advocacy and programming for children;

(b) Support strengthening of the social protection system and the introduction of equitable, child-sensitive, efficient, fiscally sustainable and shock-responsive social protection instruments. This may include support for a "cash plus" component to cash transfers, with a focus on nutrition and early childhood development.

27. The **programme effectiveness component** will ensure that the country programme is effectively designed, coordinated, managed and supported to meet quality standards in achieving results for children, including effective planning, risk management, programme assurance through use of the harmonized approach to cash transfers, and monitoring and evaluation. External communication will raise awareness of the situation of marginalized children and strengthen the capacity of the media, civil society, children and youth to advocate for policy change, promote demand for and utilization of social services, and promote community participation in programme planning and monitoring.

28. For programme effectiveness, sustainability and national ownership, UNICEF prioritizes its partnership with the Government. Among its international partners, UNICEF will continue leading three emergency sectors (nutrition, education and WASH), co-leading the health sector and leading the subsector on child protection. Partnerships with other United Nations funds and programmes (particularly in relation to Working together to support implementation of the 2030 Agenda for Sustainable Development) and the World Bank will continue in all areas of child rights. UNICEF will partner with non-governmental organizations for service delivery; with the private sector, especially as participants in the WASH sector; and with academic and research institutions to build capacity for child-focused evidence generation and evaluation.

29. South-South cooperation will focus on knowledge exchange between Burundian child rights actors and those of other member states in the East African Community and the African Union. The development of a national culture of evaluation, the elaboration of the social protection system and the creation of a national case management mechanism for child protection are some promising areas for cooperation.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health and nutrition	12 000	27 900	39 900
Education	11 500	23 300	34 800
Child protection	7 000	11 300	18 300
Water, sanitation and hygiene	5 000	7 200	12 200
Adolescent empowerment and community resilience	3 500	5 100	8 600
Social policy and advocacy	5 000	1 200	6 200
Programme effectiveness	12 505	0	12 505
Total	**56 505**	**76 000**	**132 505**

Programme and risk management

30. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

31. The online Emergency Preparedness Platform will help UNICEF to analyse risks and prepare a response to anticipated emergencies. This includes the pre-positioning of emergency supplies, identifying and contracting implementing partners for critical interventions, and conducting emergency preparedness and response training for staff.

32. In the event of a humanitarian emergency, UNICEF will adapt its development programming activities to refocus on emergency interventions, will work with the humanitarian country team on a joint situation analysis, and play a leading role in coordination, to support more efficient coordination among partners, including for nutrition. To maintain service provision and progress towards positive behaviour change, UNICEF will prioritize its cooperation with local implementing partners and community-based organizations in line with the Grand Bargain.[29]

33. UNICEF will continue to honour its commitment, through the Grand Bargain, to ensure predictability and continuity in its humanitarian programming by increasing funding for national and local responders and harmonizing reporting requirements.

34. A weak economy and low donor engagement present the risk that funding levels will remain low or decline in critical sectors. To minimize this risk, UNICEF will pursue evidence-informed advocacy and resource mobilization and leveraging to encourage the Government and donors to prioritize resources for children.

[29] The 'Grand Bargain' is an agreement among donors and humanitarian aid providers launched at the World Humanitarian Summit in 2016. Its aim is that 25 per cent of *global humanitarian* funding is provided to local and national responders by 2020, along with more unearmarked funds, and increased multi-year funding to ensure greater predictability and continuity in the *humanitarian* response.

35. Deepening socioeconomic challenges could result in community members focused on their survival rather than on participation in programme activities. To address this risk, UNICEF will reinforce community-level capacities, support community volunteers, in line with the performance-based financing programme on demand stimulation and dropout tracking at community level, and scale up its communication for development efforts.

36. Risks related to human resources include high turnover of government staff leading to the loss of newly developed capacities and thereby compromising the professionalism of key child rights actors. To address these risks, UNICEF will engage in continuous, regularly updated advocacy and information-sharing with national partners at all levels.

Monitoring and evaluation

37. The Government of Burundi-UNICEF Technical Monitoring Group will monitor programme implementation on the basis of annual workplans. Biannual joint reviews will assess activities and identify bottlenecks and potential solutions. UNICEF programme officers and implementing partners will monitor progress through regular field visits and dialogue with rights-holders and duty-bearers. Qualitative evaluation methods, such as focus groups and participatory videos, will provide evidence of behavioural and social changes.

38. UNICEF will advocate for the integration of child-focused activities into community plans and support the monitoring of their implementation, the generation of lessons learned and their influence on upstream planning processes. UNICEF support for child protection action plans at the provincial level will enable advocacy for the inclusion of child-focused activities in communal and national development plans and budgets.

39. At the national level, UNICEF will support the strengthening of monitoring and evaluation systems, including the integration of equity monitoring. Capacity-building support will strengthen information management in the health, education, child protection, social protection and WASH sectors and help to create a national culture of evaluation. UNICEF will support the integration of innovations such as RapidPro into national data-gathering systems, enabling disaggregation by gender, age and location, to better identify the most vulnerable and disadvantaged groups.

40. Eight major evaluations will be conducted over the programme period, focused on education, health, nutrition, WASH, child protection and the overall country programme.

Annex

Results and resources framework

Burundi — UNICEF country programme of cooperation, 2019–2023

Convention on the Rights of the Child: Articles 1–3, 6–7, 12, 19, 23–24, 28, 32 and 34

National priorities: National development plan 2018–2027, under development (aligned with government prioritization of Sustainable Development Goals 1–17)

UNDAF outcomes involving UNICEF: Draft UNDAF, 2019–2023:
Outcome 1.1 By 2023, girls and boys have equitable access to quality education with a specific focus on fundamental education and lifelong learning opportunities.
Outcome 1.2 By 2023, men, women, girls and boys, specifically the most vulnerable, have equal access to quality health, HIV, malnutrition and WASH services contributing to universal health coverage.
Outcome 1.3 By 2023, women and youth, particularly the most vulnerable, are empowered through (1) improved socioeconomic and political integration and (2) social protection.
Outcome 1.4 By 2023, women and men of all ages, specifically vulnerable groups, have equal access to institutional services and to community mechanisms that guarantee accountability, peace, gender equality, justice and human rights in an efficient, independent and transparent manner.

Outcome indicators measuring change that includes UNICEF contribution: Draft UNDAF 2019–2023

Related UNICEF Strategic Plan, 2018–2021 Goals Areas: 1–5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. Health and nutrition By 2023, children and women, especially the most vulnerable and hard-to-reach, utilize more quality essential health and nutrition services and benefit from positive health and nutrition care practices.	Percentage of district or equivalent administrative unit with at least 80% coverage of diphtheria/pertussis/tetanus(DPT)-containing vaccine for children <1 year old B: 74% T: 100%	World Health Organization (WHO)/UNICEF Joint Reporting Form	1.1 Under-five children and pregnant women have increased access to quality, integrated facility-based health and nutrition services. 1.2 Under-five children and pregnant women have increased knowledge on optimal maternal, neonatal and child health and nutrition practices.	Ministry of Public Health and the Fight against AIDS; health sector partners; WHO; Gavi, the Vaccine Alliance	12 000	27 900	39 900
	Percentage of children aged 6–59 months with severe	Annual Ministry of Health					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	acute malnutrition who: (a) are admitted for treatment and recover; (b) are admitted for treatment and default B: (a) 87% (2016) (b) 7% (2016) T: (a) >75% (b) <15%	statistical review report	1.3 Government capacity for health and nutrition coordination, planning, implementation, monitoring and evaluation is enhanced.				
	Percentage and number of children aged 6–59 months who received (a) vitamin A supplements in semester 1; (b) vitamin A supplements in semester 2 B: (a) 80%; 1,341,984 (b) 80%; 1,328,343 T: (a) at least 90%; 2,150,000 (b) at least 90%; 2,200,000	Annual Ministry of Health statistical review report					
	Percentage of live births attended by a skilled health personnel B: 85% T: 95%	Annual Ministry of Health statistical review report					
2. Education By 2023, more preschool and school-age children benefit from an equitable, inclusive, quality education and acquire the necessary skills to continue their education or integrate into the labour market.	Completion rates for fundamental education B: 62.2% (2016) T: 70%	Education Management Information System (EMIS)	2.1 Children have increased equitable access to inclusive, quality preschool and fundamental education. 2.2 School management committees and other duty-bearers are increasingly involved in management and are accountable to prevent discrimination and dropout, particularly with regard to the most vulnerable children, including in emergencies. 2.3 Policymakers have increased	Ministry of Education, Technical and Professional Training	11 500	23 300	34 800
	Percentage of students transitioning from Grade 6 to Grade 7 B: 76.6% (2016) T: 85%	EMIS					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
			capacity to plan, manage and monitor the education sector, including in emergency situations.				
3. Child protection By 2023, girls and boys, particularly the most vulnerable, benefit from a child protection system that effectively protects them from violence, abuse and exploitation, including in humanitarian situations.	Percentage of girls and boys identified that have ever experienced any sexual violence who sought help from a professional B: 100% T: 100%	Report of child protection subsector; Report of gender-based violence subsector	3.1 National capacity to apply child-friendly and gender-sensitive policies and procedures for child protection is enhanced and key stakeholders have increased evidence on child protection issues. 3.2 Institutional capacity to deliver quality child protection services, including in emergencies, is strengthened at the provincial, communal and community levels. 3.3 Families and communities are equipped to protect their children, especially the most vulnerable, from violence, abuse, exploitation and neglect, including in emergencies.	Ministry of the Interior, Patriotic Training and Local Development; Ministry of Health; Ministry of Human Rights, Social Affairs and Gender; community-based organizations	7 000	11 300	18 300
	Children living in residential care B: 2,876 T: 2,000	Administrative data					
	Orphans and other vulnerable children supported by a community-based structure B: 71,071 T: 80,000 annually	Sectoral review					
4. Water, sanitation and hygiene (WASH) By 2023, increased proportions of the population use adequate, equitable and sustainable basic drinking water, sanitation and hygiene services in households, schools and healthcare facilities in target rural, peri-urban and humanitarian settings.	Proportion of the population using basic sanitation B: 43.8% T: 75%	Demographic and Health Survey (DHS)/ WHO/UNICEF Joint Monitoring Programme (JMP)	4.1 Increased proportions of the population have access to adequate, equitable and sustainable basic sanitation and hygiene services in households, schools and health-care facilities in target rural, peri-urban and humanitarian settings. 4.2 Increased proportions of the population have access to adequate, equitable and sustainable basic drinking water services in households, schools and health care facilities in	Ministry of Hydraulics, Energy and Mines; Ministry of Health	5 000	7 200	12 200
	Proportion of the population practicing open defecation B: 2.2% T: 0%	DHS/JMP					
	Proportion of the population having access to	DHS/JMP					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR	Total
	basic drinking water services B: 48% T: 68%		target rural, peri-urban and humanitarian settings. 4.3 The enabling environment for WASH financing is improved, monitoring and evaluation systems are strengthened and sector coordination is enhanced.				
	Percentage of schools with single-sex basic sanitation/hygiene B: TBD T: TBD	EMIS					
5. Adolescent empowerment and community resilience By 2023, more adolescent girls and boys, especially the most vulnerable, participate in their communities, practice healthy behaviours and utilize services adapted to their needs while the resilience of their communities is strengthened in target areas.	Percentage of adolescents aged 15–19 years who sought institutional or professional help for sexual or physical violence, among those who reported experiencing sexual or physical violence ever in life B: Girls: 28.8%; Boys: 21.8% (2017) T: To be determined (TBD)	DHS	5.1 Adolescent girls and boys have increased knowledge to make informed decisions. 5.2 Adolescent girls and boys have access to health, nutrition, education, protection, hygiene and sanitation services adapted specifically for them. 5.3 Communities have increased knowledge to resist to shocks and recover from emergency situations.	Ministry of Youth, Post and Information Technology; Ministry of Communication and Media; Ministry of Culture and Sport; faith-based organizations; local non-governmental organizations	3 500	5 100	8 600
	Number of adolescent girls and boys who participate in or lead civic engagement initiatives B: 668,732 (2017) T: 1,000,000 annually	Sectoral review					
6. Social policy and advocacy By 2023, more vulnerable children benefit from social inclusion interventions guided by high-quality analysis on the policy environment and public spending and strengthened by institutional support.	Number of households reached by cash transfer programmes B: 0 T: 50,000	Sectoral review	6.1 Disaggregated data and analytical evidence on monetary and multidimensional child poverty, and information on public social sector spending are available to inform advocacy and programming. 6.2 Social protection system is strengthened with reinforced national capacity and more equitable, child-sensitive,	Ministry of Finance; Second Vice Presidency; Ministry of Planning; Ministry of Human Rights, Social Affairs and Gender; Institute of Statistics and Economic Studies of Burundi (ISTEEBU);	5 000	1 200	6 200

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
			efficient, fiscally sustainable and shock-responsive social protection instruments.	University of Burundi; World Bank; African Development Bank			
7. Programme effectiveness The country programme is effectively designed, coordinated, managed and supported to meet quality standards in achieving results for children	Percentage of management and programme priorities indicators meeting the scorecard benchmark B: Not applicable T: 100%	InSight scorecard dashboard	7.1 Country programme is effectively coordinated 7.2 Country programme is effectively planned, monitored and evaluated 7.3 Right of children to information and expression is progressively fulfilled and stakeholders and duty-bearers are increasingly aware of the situation of children and women	ISTEEBU; National Forum of Children in Burundi; Ministry of Communication and Media	12 505	0	12 505
	Percentage of other resources (regular) mobilized against planned amount B: TBD T: 100%	InSight scorecard dashboard					
	Number of individuals in programme area reached with social media campaigns B: 32,700 T: 50,000	Facebook					
Total resources					**56 505**	**76 000**	**132 505**

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Country programme document

Lesotho

Summary

This country programme document (CPD) for Lesotho is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $8,551,000 from regular resources, subject to the availability of funds, and $43,785,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2019 to 2023.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2018.

* E/ICEF/2018/19.
Note: The present document was processed in its entirety by UNICEF.

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Programme rationale

1. A lower middle-income country with a population of 2.01 million,[1] Lesotho invests more than 15 per cent of its gross domestic product (GDP) in the social sectors. The focus is on the 765,000 children under the age of 18 years, with 426,000 adolescents aged 10 to 19 years and 198,482 under five. Nearly six out of every 10 people live below the national poverty line of $1.50 per day[2] (Sustainable Development Goal 1, end poverty in all its forms, everywhere), and just over 65 per cent of children are multi-dimensionally poor.[3] Unequal wealth distribution compounds the levels of poverty: the country's Gini coefficient value is 0.54,[4] showing high levels of income inequality. Lesotho ranks low on the human development index, at 160 out of 188 countries in 2016.[5]

2. Per-capita GDP is $1,125, and real GDP increased at an average of 3.8 per cent annually between 2000 and 2015.[6] An equitable and adequate budget is required for effective implementation of programmes for social inclusion. The national budget for social protection is 9 per cent of GDP (about $197 million annually), which is one of the highest in sub-Saharan Africa.[7] However, the national budget development process is hampered by poor participation, transparency and accountability; the Open Budget Survey 2017 characterized Lesotho as one of the weakest countries in this area. Strengthening public finance for children is therefore pivotal to enhance the quality and scale of investments in children.

3. The creation of the Ministry of Social Development in 2012 strengthened the social protection environment for children through the Child Grants Programme and the expansion of a national single registry. Social protection services and high impact interventions have been expanded to disadvantaged districts to reach the most vulnerable children.[8] Key innovations include the establishment of "citizen service centres" to ensure decentralized service delivery, referrals and access to information.

4. The under-five mortality rate declined[9] from 117 per 1,000 live births in 2009 to 94 in 2016.[10] There are high national levels of antenatal care (95 per cent for the first visit) and delivery in a health facility (77 per cent).[11] However, under-five mortality remains a challenge, especially for boys (102 per 1,000 live births). Low overall life expectancy (50 years) contributes significantly to the low human development index and grimly illustrates the considerable health challenges faced under Sustainable Development Goal 3 (ensure healthy lives and promote well-being for all, at all ages). Common causes of death among children include prematurity, birth asphyxia, pneumonia and malnutrition.[12] Maternal mortality is also extremely high, at 1,024 deaths per 100,000 live births,[13] and skilled birth attendance shows wide disparities between urban and rural areas (90 per cent and 73 per cent, respectively) and wealth quintiles (richest, 94 per cent; poorest, 60 per

[1] Government of Lesotho, Demographic and Health Survey, 2014.
[2] Government of Lesotho, National social development policy, 2013.
[3] UNICEF, Child Poverty Study, UNICEF Lesotho, 2017.
[4] Gini coefficient value reported in the national Millennium Development Goals report, 2013; a value of 0 implies equal distribution of income across the population, while a value of 1 implies very unequal distribution.
[5] *United Nations Development Programme, Human Development Report, 2016: Human Development for Everyone.*
[6] Government of Lesotho, National Strategic Development Plan II, 2019–2023.
[7] UNICEF, Analytical paper for the strategic moment of reflection 2016, UNICEF, Lesotho 2016.
[8] These districts include Berea, Mokhotlong, Qacha's Nek and Thaba-Tseka, which have higher child mortality and malnutrition rates than the rest of the country's 10 districts.
[9] UNICEF, Situation analysis of children's and women's rights in Lesotho 2015, UNICEF, Lesotho.
[10] *State of the World's Children*, 2017.
[11] Situation analysis, 2015.
[12] Government of Lesotho, Annual joint review, 2015–2016.
[13] Ibid.

cent).[14] High maternal and child mortality and HIV-related deaths are partly due to poor access to affordable quality health service delivery. Sixty per cent of infant mortality (34 per 1,000 live births; urban, 31, rural, 44) occurs during the neonatal period, largely owing to birth asphyxia, prematurity and neonatal infections, which in turn arise from low utilization and poor quality of health services.[15] One in 25 newborns do not survive past the first month of life; there is thus a subsequent need to intensify focus on newborn care. Immunization coverage has stagnated, with only 68 per cent of children receiving the full complement of vaccines by age one.[16] Cold chain management challenges are numerous,[17] while demand for immunization services is poor.

5. Under-five stunting remains high (33 per cent).[18] Stunting is higher among rural/poor children and boys. Immediate causes include poor diet and recurring illness.[19] Coverage of optimal infant and young child feeding (IYCF) practices is very low, at 11 per cent (urban, 16 per cent; rural, 9 per cent),[20] while exclusive breastfeeding is at 67 per cent.[21] Underlying causes include inadequate care for mother/child; insufficient appropriate information for caregivers; food insecurity, exacerbated by poverty; low literacy rates; and lack of access to quality water and sanitation facilities.[22]

6. Despite significant investment in the social sector for children as a whole, investment is low in the critical under-five age group, which comprises a quarter of the child population. Early childhood care and development (ECCD) receives a budget allocation of only 0.40 per cent.

7. Only 44 per cent of the population have access to at least basic sanitation and 72 per cent to at least basic drinking water sources.[23] There are wide urban/rural disparities and nearly one third of the population still practice open defecation.

8. HIV incidence among young people decreased from 1.9 per cent in 2009 to 1.3 per cent in 2017, with about 13,000 children aged 0 to 14 years estimated to be living with HIV in 2017. However, HIV/AIDS is the third cause of death (8 per cent) among children aged 6 to 13 years; prevention of mother-to-child transmission of HIV (PMTCT) has stagnated at 69 per cent; and 5.1 per cent of 15 to 19 year olds live with HIV (girls, 7.1 per cent; boys, 3.1 per cent),[24] compared to 3.5 per cent in 2009. Prevalence increases by a factor of four among young people aged 20 to 24 years, indicating the criticality of reaching young adults with preventive measures. Prevalence among pregnant adolescent girls aged 10 to 19 years stands at 14 per cent, making them a priority target for PMTCT interventions. Thirty-one per cent of pregnant women do not receive PMTCT services.[25] HIV has compromised health, education and social outcomes and altered household structures, caregiving patterns and socioeconomic viability in many families. Over a quarter of children are orphaned (27 per cent), often because of their parents' deaths due to HIV/AIDS.[26] HIV prevalence is

[14] Ibid.
[15] Government of Lesotho, Annual joint review, 2012–2013.
[16] Demographic and Health Survey, 2014.
[17] Government of Lesotho, Effective vaccine management assessment, 2014.
[18] Demographic and Health Survey, 2014.
[19] UNICEF, Analytical paper for the strategic moment of reflection 2016, UNICEF, Lesotho 2016.
[20] Demographic and Health Survey, 2014.
[21] Ibid.
[22] UNICEF, Analytical paper for the strategic moment of reflection 2016, UNICEF, Lesotho 2016.
[23] World Health Organization and UNICEF, Progress on drinking water, sanitation and hygiene: 2017 update and Sustainable Development Goals baselines, Geneva, 2017.
[24] Government of Lesotho, Lesotho population-based HIV impact assessment 2017 preliminary *results*.
[25] Ibid.
[26] Ibid.

significantly higher among women (30 per cent) than men (19 per cent) and in urban compared to rural areas (30 per cent vs. 21.8 per cent).

9. Primary education is free and compulsory, contributing to a net enrolment rate of 89.8 per cent girls and 89 per cent boy.[27] Preschool enrolment remains low (42 per cent);[28] in the Highlands, preschool rates are as low as 4 to 6 per cent. This is directly linked to poor school readiness and low quality, as evidenced by the small number of formally qualified ECCD teachers (7.7 per cent).[29] School retention rates are equally low in later years, with about 70 per cent of students who enter primary education completing the last grade. The primary education completion rate also shows significant inequities: 80 per cent of girls and 66 per cent for boys complete the primary cycle, with wealth levels and geographic dimensions also playing a significant role. The chances of a rural child completing primary education is around 59 per cent, while that of his/her urban counterpart is close to 86 per cent.[30] Only about 42 per cent of the cohort that enters grade one completes junior secondary education, and 30 per cent completes senior secondary education.[31]

10. The birth registration rate for under-five children is low (45 per cent).[32] This varies widely across districts and increases by household wealth quintile (poorest, 34 per cent; richest, 63 per cent).

11. More than 24 per cent of women are married by age 18,[33] while almost one in five girls aged 15 to 19 years have begun childbearing.[34] About 23 per cent of children aged 5 to 14 years are engaged in child labour, with boys mainly working in potentially harmful activities, such as herding livestock.[35] Police records for 2008–2010 show 1,432 reported cases of violence against women and children; the majority of the reported cases were of a sexual nature (1,234) and about 30 per cent were against children.[36] As of 2017, the police Child and Gender Protection Unit reported a total of 1,793 child abuse cases from 2014 to 2017. The absence of comprehensive data means that the actual nature and extent of violence against children is not known, but reports from courts and the police indicate that it is prevalent. The main underlying causes are harmful traditional practices, poverty, poor policy implementation, and weak community protection mechanisms.

12. Climate shocks, urbanization and sporadic political crises further worsen socioeconomic conditions.[37] The 2015–2016 drought induced by El Niño affected 679,437 people of which 476,842 (70 per cent) required life-saving and livelihood protection interventions. Children living with HIV/AIDS and children with disabilities were the most affected populations of this crisis, and adopted negative coping mechanism.[38] Greater focus and emphasis on building resilience through social protection and disaster risk management is vital to the sustainable achievement of results.

[27] Government of Lesotho, Annual educational statistics report, 2016.
[28] Ibid.
[29] Government of Lesotho, Education sector review report, 2016.
[30] Lesotho education sector diagnostic, 2015.
[31] Ibid.
[32] Government of Lesotho, Census, 2016.
[33] Ibid.
[34] Demographic and Health Survey, 2014.
[35] UNICEF, Analytical paper for the strategic moment of reflection 2016, UNICEF, Lesotho 2016.
[36] Committee on the Elimination of Discrimination against Women, Concluding observations of the Committee on the Elimination of Discrimination against Women, Lesotho, 2011.
[37] UNICEF, Political economy analyses of countries in Eastern and Southern Africa: Case study – Lesotho political economy analysis, 2017.
[38] United Nations, Resident Coordinator-Humanitarian Coordinator report on the use of the Central Emergency Response Fund (CERF): Lesotho rapid response drought, 2016.

Programme priorities and partnerships

13. The vision of the country programme, 2019–2023 is to reach every child, everywhere, every time, with opportunities to survive, develop and reach her or his full potential. The country programme aligns with the National Strategic Development Plan II, 2019–2023, the Convention of the Rights of the Child, Convention on the Elimination of All Forms of Discrimination Against Women, Convention on the Rights of Persons with Disabilities, the Sustainable Development Goals, the UNICEF Strategic Plan, 2018–2021, and the UNICEF Eastern and Southern Africa regional priorities. It will contribute to the governance, human capital development and economic growth pillars of the United Nations Development Assistance Framework (UNDAF).

14. The country programme will prioritize five mutually reinforcing strategies: (a) addressing data/evidence gaps, including the promotion of real-time data, and using it for effective policy advocacy; (b) using sector platforms to enhance delivery of multisectoral interventions, thereby improving service delivery, particularly for vulnerable and marginalized populations; (c) accelerating coverage of low cost, high-impact interventions, using primary health-care and health-systems strengthening approaches; (d) refocusing on equity and its contribution to the realization of child rights, while maximizing space for innovative strategies in underserved areas; and (e) leveraging resources through innovative financing models for effective, efficient public finance for children to offset potential reductions in funding from traditional sources.

15. In line with the UNICEF Gender Action Plan, 2018–2021, the programme will mainstream gender analysis, promote community-level interventions to end discriminatory practices and tackle harmful social norms. UNICEF will strengthen its humanitarian action with specific emphasis on risk analysis and preparedness to strengthen community resilience, disaster risk reduction and climate change adaptation. It will do so by further integrating humanitarian and development approaches through risk-informed programming that underpins shock responsive services and climate proofing of infrastructure.

16. UNICEF will implement the country programme through three programme components that collectively aim to secure the well-being and future potential of children by reducing child mortality; supporting maternal care and child health and nutrition; protecting children and adolescents from violence and abuse; reducing poverty and increasing budgetary accountability; and improving learning outcomes, all with a focus on gender and equity.

Young children survive, thrive and attain learning outcomes

17. This first component envisions that by 2023 young children, particularly the most vulnerable, benefit from gender-responsive equitable social programmes. The component supports multiple Sustainable Development Goals, particularly Goals 1 (end poverty in all its forms, everywhere) to 6 (ensure access to water and sanitation for all), and underpins national efforts to reduce maternal and under-five mortality and improve learning outcomes, as defined in the National Strategic Development Plan, 2019–2023. Key strategic partners include the Ministry of Education and Training, the Ministry of Health, the Ministry of Social Development, and the Ministry of Water, civil society, the private sector, community leaders, institutions of higher learning and families and children. Close collaboration and complementarity with other United Nations organizations will be key. UNICEF will contribute by: (a) using the good practices of core packages for integrated maternal, newborn and child health, including HIV prevention, care, treatment and support; (b) increasing access to improved diets for infants and young children and applying quality hygiene interventions towards stunting reduction; (c) ensuring that young children, particularly those with disabilities and in marginalized and disadvantaged communities, have access to early childhood development, and pre-primary and primary education; and

(d) strengthening the civil registration system, with a focus on birth registration, and the child protection system, to prevent and respond to violence against children. UNICEF will support the national immunization programme to strengthen the cold chain system, particularly in vaccine storage and cost-effective distribution mechanisms.

18. To assure improved child survival and reduction of under-five mortality, UNICEF will emphasize strengthening immunization services and providing integrated high quality maternal, newborn and child health services that address the common causes of death among children, including from HIV. Timely enrolment in treatment for pregnant women and lactating mothers living with HIV, along with the introduction of quality improvement systems, will be key. UNICEF will prioritize improving IYCF practices, reducing micro-nutrient deficiencies, through capacity-building of a range of multisectoral service providers, and promoting community-based interventions.

19. The focus of early childhood education will be on improving nurturing, stimulation, cognitive development and school readiness. There will be continued tracking of education spending and advocacy for increased investment for early childhood education. UNICEF will support the training of pre-primary school teachers, coupling it with behaviour change and community engagement activities on stimulation and positive parenting.

Children and adolescents are protected from violence and HIV and have improved learning outcomes

20. This component will focus on: (a) ensuring the right of adolescents and children to protection from violence and exploitation; (b) reducing new HIV infections among adolescents, with focus on girls; and (c) helping children to achieve optimal learning outcomes through access to quality education options, including alternative pathways that enable transfer between formal and non-formal education. It aligns closely with Sustainable Development Goals 4 (ensure inclusive and quality education for all and promote lifelong learning), 6 (ensure access to water and sanitation for all) and 8 (promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all). Key partners will include the Ministry of Education and Training, the Ministry of Gender, Youth, Sports and Recreation, the Ministry of Health, the Ministry of Home Affairs, the Ministry of Justice and Correctional Services, the Ministry of Police and Public Safety, the Ministry of Social Development, civil society, community leaders, and families, children and adolescents. UNICEF will partner with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA) and the World Health Organization (WHO) and other development partners.

21. UNICEF will emphasize ensuring adolescents are protected and will support their access to life-saving, coordinated, multisectoral services/systems that can positively change behaviour and social norms/practices. Priorities will include: (a) engaging with adolescents, service providers and communities to strengthen the quality of health services and promote healthy behaviours to reduce new HIV infections; (b) improving coordination of integrated services and systems at all levels; (c) ensuring all levels of basic education align to the Child Friendly School (CFS) Initiative, including school accountability; (d) providing teachers with the knowledge and skills required to teach core subjects using learner-centred practices; (e) providing alternative education and pathways to formal and non-formal education for out-of-school adolescents, with an emphasis on boys; and (f) strengthening the Government's capacity to effectively implement and enforce the Children's Protection and Welfare Act of 2011, in particular reducing violence and abuse against children.

22. Recognizing the need for a multisectoral response to HIV, with respect to adolescent-focused programmes and policies, UNICEF, with the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNESCO, UNFPA and WHO, will provide technical and financial support for the delivery of high-impact integrated sexual and reproductive health and HIV services at the community level to: (a) prevent new HIV infections, especially among

adolescent girls and young women; (b) implement high-yield strategies to locate and link adolescents living with and at-risk of HIV to quality services and care; and (c) support community and facility-based approaches to treat and retain adolescents living with HIV. UNICEF will also invest in partnerships with the United States Agency for International Development (USAID) and the Global Fund to Fight AIDS, Tuberculosis and Malaria to leverage additional resources for HIV prevention, especially at community level. Work with the Ministry of Education and Training will continue to ensure that CFS is rolled out in all schools, implementing a learner-centred curriculum and ensuring inclusion of children with disabilities.

23. To strengthen the Government's and civil society's capacities to effectively enforce the Children's Protection and Welfare Act, 2011, UNICEF will work with existing structures to institutionalize the Children's Parliament. UNICEF will provide support to strengthen the capacity of police, magistrates, probation officers, judges, social workers, community-level health workers and teachers in applying practical child-friendly protection guidelines, including referral and management of abuse cases, in line with international norms and standards.

24. UNICEF will support civil society, community structures, caregivers and adolescents to identify, prevent and report sexual violence, including child marriage. It will use communication for development to promote positive social norms, attitudes and practices. UNICEF will support the simplification, translation and dissemination of relevant laws and policies, and the submission of periodic reports to relevant African Union and United Nations treaty bodies.

Reducing child poverty and enhancing equity and social protection

25. This third component will work towards the realization of nearly all the Sustainable Development Goals, particularly Goals 1 to 5, 10, 16 and 17.[39] To realize the country programme vision, UNICEF will strengthen strategic partnerships with the Ministry of Development Planning, including the Bureau of Statistics, the Ministry of Finance, the Ministry of Local Government and Chieftainship Affairs, the Ministry of Social Development and other social sector ministries, parliamentary committees, United Nations organizations, the World Bank, the European Union and other potential donors, civil society organizations (CSOs), research and academic institutions, and the private sector (information technology support/mobile network operators) to leverage resources and influence policy implementation. The specific priorities of this programme component include: (a) strengthening public finance for children to ensure that all children, including the most vulnerable, benefit optimally from government budgets at the central and decentralized levels; (b) supporting the establishment of an integrated child-sensitive and gender and shock-responsive social protection system; and (c) supporting robust evidence generation to inform social and economic policies and programmes for children.

26. UNICEF will work to strengthen the capacity of the Ministry of Finance and other relevant ministries and non-governmental organizations in enhancing the size of, equity in allocation, efficiency in spending, value for money, transparency and accountability of the national budget for basic social services. It will also support ministries to institutionalize budget monitoring and pre and post-budget consultations between policymakers and CSOs, adolescents, caregivers and service providers at national and subnational levels.

[39] Goal 1: End poverty in all its forms, everywhere; Goal 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture; Goal 3: Ensure healthy lives and promote well-being for all, at all ages; Goal 4: Ensure inclusive and quality education for all and promote lifelong learning; Goal 5: Achieve gender equality and empower all women and girls; Goal 10: Reduce inequality within and among countries; Goal 16: Promote just, peaceful and inclusive societies); and Goal 17, Revitalize the global partnership for sustainable development.

27. UNICEF will support partners in generating evidence on equity-related bottlenecks and in strengthening capacities to address them, and it will organize dialogue with policy and decision makers at national and subnational levels.

28. The social protection system will continue to be strengthened and the existing National Information System for Social Assistance will be expanded and linked to the civil registration and vital statistics system. This will improve targeting of beneficiaries both in the development and emergency context, and enhance accountability and coordination to deliver social protection and birth registration services to the most vulnerable children/families.

29. UNICEF will support the Government to improve the case management system and build in other effective methods (social audits, community scorecards). Furthermore, UNICEF will support the Government through "citizen service centres"[40] to implement the national decentralization policy. UNICEF will strengthen the capacity of government, CSOs and partners to collect and disseminate real-time data and information on multidimensional child poverty and deprivation. UNICEF will support the Bureau of Statistics to institutionalize the multiple indicator cluster survey and other associated surveys to generate knowledge for informed policies and strategies for children. UNICEF will also support CSOs to use data and advocate for children.

Programme effectiveness

30. The focus of the country programme is to meet quality standards in achieving impactful results for children under the programmatic components above. This will be achieved through several strategic areas that include programme performance monitoring and management, following UNICEF policies and procedures. UNICEF will apply results-based management to ensure rigour in planning and monitoring, with regular annual and mid-year reviews, which will provide opportunities to adjust for acceleration and scaling up. Evidence-based advocacy and partnerships will strengthen child-sensitive policies, strategies, plans and programmes. UNICEF will use communication for development to create and sustain demand for basic social services and to overcome harmful traditional norms and cultural practices, particularly child marriage and violence against children. UNICEF will enhance cross-sectoral and multisectoral programming to achieve more impactful results. The programme will promote South-South networks for information and experience sharing, documenting and good practices, and it will strengthen public-private partnerships to reduce deprivation.

[40] Citizen service centres are defined as a "single office where multiple services are consolidated, offering citizens the convenience of having multiple needs met in one location".

Summary budget table

Programme component	*(in thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Young children survive, thrive and attain learning outcomes	5 000	17 000	22 000
Children and adolescents are protected from violence and HIV and have improved learning outcomes	2 000	9 500	11 500
Reducing child poverty and enhancing equity and social protection	669	15 815	16 484
Programme effectiveness	882	1 470	2 352
Total	**8 551**	**43 785**	**52 336**

Programme and risk management

31. The Ministry of Development Planning is responsible for the overall coordination of the country programme, which outlines contributions by UNICEF to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resource assignment at country level. Accountabilities of managers at country, regional and headquarters levels, with respect to country programmes, are prescribed in the organization's programme and operations policies and procedures.

32. The ability to effectively implement programming relies on key assumptions and risks including that economic, political and social stability will prevail. This is particularly important when enlarging the national fiscal space for the social sector in response to reduced international funding. UNICEF will continue to work with the Ministry of Finance to expand public finance for children, focusing on equity. It will also proactively engage new donors and the private sector, and reinforce relationships with existing donors.

Monitoring and Evaluation

33. Founded on the UNICEF Monitoring Results for Equity System, the country programme will employ monitoring and evaluation at three levels, with attention to the generation of disaggregated data. At the first level, it will measure performance by quality assuring key interventions with strategic partners at the central and district levels. It will strengthen assurance activities to ensure the effective and efficient implementation of planned activities. At the second level, it will monitor output performance along the axes of supply, demand and enabling environment. Together with the Government, United Nations organizations and other development partners, the third level will focus on the situation of children and the realization of their rights. Jointly with partners, UNICEF will identify bottlenecks through programme reviews and field monitoring and will respond accordingly. UNICEF will strengthen the capacity of the Bureau of Statistics to generate qualitative data on the situation of children and women through surveys to inform programmatic decisions, management information systems, and administrative data collection methods. It will strengthen technology for development and other innovative approaches to ensure timely availability of data. UNICEF will support a number of strategic evaluations in key programme areas, such as health and nutrition, child protection, education, and social policy.

Annex

Results and resources framework

Lesotho – UNICEF country programme of cooperation, 2019–2023

Convention on the Rights of the Child: Articles 2, 6, 12, 23, 24, 26, 28, 29, 34–38.

National priorities: National Strategic Development Plan II, 2019–2023.

Sustainable Development Goals: 1–6, 9–11, 13, 16, 17.

UNDAF outcome indicators involving UNICEF: (copied verbatim from UNDAF)

Outcome indicators measuring change that includes UNICEF contribution (UNDAF outcome indicators, copied verbatim from UNDAF)

1. By 2023, government and non-governmental institutions deliver their mandates and uphold good governance, rule of law, and human rights, with all people having improved access to justice and participating in social and political decision-making processes in a peaceful environment.
   - Indicator 2: Existence of an independent national human rights institution.
   - Indicator 6: Proportion of Sustainable Development Goals indicators for which data is collected and up-to-date.
2. By 2023, all people, particularly the most vulnerable, benefit from gender-responsive social policies and programmes for the sustainable and equitable realization of their rights.
   - Indicator 1: Maternal mortality ratio/under-five mortality rate.
   - Indicator 2: Percentage of currently married women (aged 15 to 49 years) with unmet need for family planning.
   - Indicator 3: Number of new HIV infections per 1,000 uninfected population in adults 15 to 49 years, by sex.
   - Indicator 4: Net cohort survival rate (primary).
   - Indicator 5: Percentage of eligible population covered by core national social protection programmes.
   - Indicator 6: Prevalence of stunting among children under five years of age.
   - Indicator 7: Prevalence of gender-based violence among women experienced in a lifetime.
3. By 2023, government and private sector increase opportunities for inclusive and sustainable economic growth, improved food security, and decent work, especially for women, youth and people with disabilities.
   - Indicator 1: Proportion of men, women and children of all ages living in poverty in all its dimensions.
   - Indicator 2: Prevalence of moderate or severe food insecurity in the population.
   - Indicator 4: Proportion of working age population that have no access to decent employment sector, by sex and age.
4. By 2023, the people of Lesotho use natural resources in a more sustainable manner and the marginalized and most vulnerable are increasingly resilient.
   - Indicator 8: Proportion of household heads with secure tenure rights to land, with legally recognized documentation, by sex, age and type of tenure.

Related UNICEF Strategic Plan, 2018–2021 goal areas: 1 to 5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Outcome 1: By 2023, young children (0 to 9 years), particularly the most vulnerable, benefit from gender responsive health, nutrition and early learning services.	**Outcome indicator 1:** Proportion of HIV pregnant women who receive antiretroviral (ARV) drugs for prevention of mother-to-child transmission of HIV (PMTCT). B: 69% T: 90%	District Health Information System 2	**Output 1.1:** By 2023, the capacity of the Ministry of Health and the cadre of health workers is improved to deliver quality integrated maternal, neonatal and child health (MNCH) and HIV services. **Output 1.2:** By 2023, parents and caregivers have increased capacity to practice and demand quality MNCH, infant and young child feeding (IYCF) and hygiene interventions. **Output 1.3:** By 2023, improved capacity of the Government (Ministry of Education and Training, Ministry of Health, Ministry of Social Development) to provide high quality early childhood development, care and pre-primary education.	National and districts: Ministry of Agriculture and Food Security, Ministry of Education and Training, Ministry of Health, Ministry of Home Affairs, Ministry of Water Food and Nutrition Coordination Office Lesotho Red Cross World Vision mothers2mothers	5 000	17 000	22 000
	Outcome Indicator 2: Children < 1 year receiving diphtheria, pertussis and tetanus (DTP)-containing vaccine at national level. B: 64% T: 90%	Lesotho Demographic and Health Survey (DHS)					
	Outcome Indicator 3: Newborns receiving postnatal care within two days of birth. B: 18% T: 60%	District Health Information System 2					
	Outcome indicator 4: Percentage of children aged 0 to 23 months who are put to the breast within one hour of birth. B: 65% T: 75%	District Health Information System 2					
	Outcome indicator 5: Gross enrolment of children in pre-primary education. B: 42% T: 55%	Education Sector Reports					
	Outcome indicator 6: Proportion of children under five whose births are registered. B: 43% T: 75%	DHS					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR	Total
Outcome 2: By the end of 2023, adolescents (10 to 19 years), particularly the most vulnerable, benefit from gender-responsive quality health, HIV, learning and protection services.	**Outcome indicator 1:** Percentage of adolescents 15 to 19 with HIV infection receiving antiretroviral therapy by 2023. B: M: 50%; F: 57% T: M: 92%; F: 92%	UNAIDS spectrum modelling estimates	**Output 2.1:** Adolescents living with or at risk of HIV have increased capacity to demand quality prevention, identification, care, and support services. **Output 2.2:** Improved capacity of the Ministry of Education and Training to provide high quality education, including alternative pathways. **Output 2.3**: Law enforcement officials have an increased capacity to identify, prevent and report violence against children and child marriage.	Ministry of Education and Training, Ministry of Health, Ministry of Social Development United Nations organizations, the United States President's Emergency Plans for AIDS (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria, civil society organizations, the Global Partnership for Education, the Lesotho National Federation of Organizations of the Disabled, the Lesotho Distance Teaching Centre, the Lesotho Association of Non-Formal Education	2 000	9 500	11 500
	Outcome indicator 2: Average learning outcome improvements (Grade 6). B: Sesotho: 39.5; Mathematics: 32.0; English: 44.3 T: Sesotho: 60; Mathematics: 60; English: 65	National Assessment Survey					
Outcome 3: By 2023, all children, particularly the most vulnerable, benefit from gender-responsive social policies for the sustainable and equitable realization of their rights.	**Outcome indicator 1:** National social sector budget as a percentage of GDP. B: 14.5% T: 16%	National budget document; public expenditure review document, budget analyses report.	**Output 3.1** By 2023, the Government of Lesotho has an improved child and gender-sensitive, shock-responsive social protection system. **Output 3.2:** By 2023, the Government and citizens have increased awareness and capacity to enhance participation, transparency, accountability, equity and quality of public investment in children. **Output 3.3:** By 2023, Improved capacity of Government to generate, analyse and communicate evidence on child right to inform policy decisions	Bureau of Statistics, Ministry of Finance, Ministry of Development Planning, Ministry of Social Development	669	15 815	16 484
	Outcome indicator 2: Percentage of monetary and multidimensionally deprived children in poor family that are directly benefited from social assistance programmes (cash). B: 32.77% (85,308) T: 60% (156,185)	National Information System for Social Assistance					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Outcome 4: The country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards for achieving results for children.	**Outcome indicator 1**: Percentage of programme outputs achieved by end of the country programme. B: 0% T: above 80%	Annual management plan, Governance Committee Meeting minutes (Programme Management Team, Country Management Team, Partnership Review Committee), rolling work plan, Integrated Monitoring and Evaluation Plan/ Insight reports	**Output 4.1**. Guidance, tools and resources to effectively and efficiently design and manage the programme of cooperation are available to UNICEF and its partners. **Output 4.2.** Guidance, tools and resources to effectively generate, analyse and utilize statistical and qualitative information for Child Rights System Monitoring are available in the country. **Output 4.3**. Guidance, tools and resources for effective communication on child rights issues with stakeholders are available to UNICEF and its partners.	All UNICEF partners	**882**	**1 470**	**2 352**
Total resources					**8 551**	**43 785**	**52 336**

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Country programme document

Namibia

Summary

The country programme document (CPD) for Namibia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD inciudes a proposed aggregate indicative budget of $4.685 million from regular resources, subject to the availability of funds, and $22 million in other resources, subject to the availability of specific-purpose contributions, for the period 2019 to 2023.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2018

* E/ICEF/2018/19.
Note: The present document was processed in its entirety by UNICEF.

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Programme rationale

1. The child population of Namibia was estimated at 1.09 million in 2017; 43 per cent of the population of 2.53 million.[1] Although the country's children are growing up in an upper-middle-income country with a stable Government, they also face challenges, including extreme income inequality (a 0.56 Gini coefficient[2]), high rates of HIV and AIDS (16.6 per cent HIV prevalence among females aged 15–49[3]) and recurrent droughts and floods. The small and ethnically diverse population spread over a large territory also creates obstacles to service delivery.

2. After two decades of strong growth, the economy remains heavily based on primary production (mining and agriculture), which is vulnerable to global commodity price fluctuations. At 34 per cent, unemployment is structurally high (mining contributes more than 10 per cent of the gross domestic product but just 2 per cent of employment). Among youth (15–34 years) the unemployment rate is 43 per cent.[4]

3. From 2010 to 2016, income poverty fell from 28.7 per cent to 18 per cent,[5] but income inequality remains the second highest in the world and families with children are more likely to be poor.[6] Despite sociopolitical stability since the country's independence, persistent inequalities along ethnic, disability, regional and residential area lines, as well as the growing unemployed youth population, still hinder equitable social progress.

4. Fertility rates are high (the crude birth rate was 33.7 per 1,000 in 2016[7]), and 19 per cent of pregnant women attending antenatal care in 2016 were 15–19 years old.[8] Internal migration has led to urban and peri-urban growth, and a child dependency ratio (62.2 per cent)[9] that keeps many children in vulnerable households. Namibia has a potential "demographic dividend" until 2030, during which investments in childhood and adolescence will maximise future social benefits.

5. The first 1,000 days of a child's life are critical for lifelong physical, mental and social development. However, neonatal mortality is still high (17.8 deaths per 1,000 live births in 2016[10] down from 20 deaths per 1,000 live births in 2013[11]), and amounts to 40 per cent of under-five mortality.

6. The immunization rate has stagnated, with only 63 per cent of children aged 12–23 months fully vaccinated against the major childhood killer diseases.[12] Namibia has

[1] United Nations Department of Economic and Social Affairs, Population Division, World Population Prospects: The 2017 Revision.
[2] Namibia Statistics Agency, Namibia Household Income and Expenditure Survey (NHIES), 2015/2016.
[3] Joint United Nations Programme on HIV/AIDS, Namibia Spectrum modelling estimates, 2017.
[4] Namibia Statistics Agency, Namibia Labour Force Survey Report, 2016.
[5] NHIES 2016.
[6] Sulla V. et al, 'Does fiscal policy benefit the poor and reduce inequality in Namibia?', Working Paper, World Bank, 2017.
[7] Namibia Statistics Agency, *Namibia Inter-censal Demographic Survey 2016 Report*, 2017.
[8] Ministry of Health and Social Services, National Strategic Framework for HIV and AIDS Response in Namibia 2017/18 to 2021/22 (NSF), 2017.
[9] World Population Prospects: The 2017 Revision.
[10] United Nations Inter-agency Group for Child Mortality Estimation, *Levels & Trends in Child Mortality Report*, 2017.
[11] Ministry of Health and Social Services, Namibia Demographic and Health Survey (NDHS), 2013.
[12] NDHS 2013.

introduced new vaccines but suffers weak district-based planning and experiences stock-outs because of procurement system inefficiencies.

7. Stunting rates remain high for a middle-income country, at 24 per cent of under-five children in 2013.[13] Premature complementary feeding increases the risk of nutritional deficiencies and exposure to unsafe water. Rural access to improved water deteriorated between 2000 and 2015; dependence on untreated surface water increased by 8.2 percentage points, with an additional 110,000 people relying on these unsafe water sources.[14] The expansion of informal peri-urban settlements has resulted in increased use of unimproved surface water, and an additional 138,000 people in urban areas practicing open defecation.

8. The impact of the HIV epidemic on newborns has been significantly reduced. The mother-to-child transmission rate of HIV fell from 24 per cent in 2005 to 4 per cent in 2017.[15] Adopting new guidelines for prevention of mother-to-child transmission of HIV (PMTCT) and rolling out Option B+ ensured that, in 2017, 95 per cent of health facilities offered PMTCT services, 95 per cent of pregnant women living with HIV accessed antiretroviral therapy during antenatal care, and 93 per cent of infants born to mothers living with HIV were receiving antiretroviral medicines. The major remaining barriers to eliminating mother-to-child transmission of HIV include a low level of male engagement; stock-outs of tests and drugs; lack of knowledge about HIV; and low uptake of HIV testing and counselling among adolescents (28.5 per cent males, 13.1 per cent females).[16]

9. Timely birth registration and certification are both a right and a prerequisite for accessing other services, including early identification and support for children with disabilities. Several system-based reforms have occurred to integrate birth registration in the hospitals where most deliveries (76.9 per cent[17]) take place. These reforms significantly increased birth registration rates, which are currently 78 per cent of all under-five children.[18]

10. In a country where only 16.5 per cent of children aged 0–4 years attend early childhood development (ECD) programmes,[19] many children are left behind, resulting in low access to pre-primary education (5 per cent).[20] There is a need for scaled-up access to multisectoral ECD services, especially for children from low-income households, and to improve physical standards, especially in rural facilities. Professional capacities of ECD staff need to be strengthened, and linkages improved between ECD providers, community health workers and effective parenting interventions. Access to ECD and pre-primary education for children with disabilities is a challenge due to the lack of early identification and referral for support. Teachers are inadequately skilled to address the individual needs of children with disabilities, while schools are poorly resourced in terms of infrastructure and assistive technologies and devices.

11. Namibia made significant progress in broadening access to education by introducing free universal primary and secondary education in 2013 and 2016, respectively, with net enrolment currently at 94.8 per cent for 7- to 13-year-olds and

[13] NDHS 2013.
[14] World Health Organization/United Nations Children's Fund, Joint Monitoring Programme, 2017.
[15] UNAIDS, *Spectrum Modelling Estimates, 2017.*
[16] NSF 2017.
[17] Namibia Inter-censal Demographic Survey (NIDS) 2016.
[18] NIDS 2016.
[19] NIDS 2016.
[20] NIDS 2016.

90.2 per cent for the 7–18-year-old age group.[21] Although the Government devotes more than 20 per cent of the national budget to education[22], poor learning outcomes persist. High drop-out and repetition rates affect more boys than girls, from the early years onwards. In the most remote areas, less than 1 per cent of children entering Grade 1 complete secondary education.[23] School retention is also undermined by increasing rates of pregnancy among schoolgirls, an issue that is poorly managed. Unqualified and underqualified teachers, poor school infrastructure (including water and sanitation facilities), lack of support for children with disabilities and other special needs, and sub-standard accommodation for teachers and students also hamper quality teaching and learning outcomes.

12. Widespread violence against children, in both childhood and adolescence, has a devastating impact on health, development and learning. In 2013, a national survey assessed this for the first time and found that 31 per cent of 15- to 19-year-olds reported having experienced physical violence.[24] In 2017, the Ministry of Gender Equality and Child Welfare recorded 4,245 cases of violence against children. Violence against children is often very difficult to prevent, detect, report and refer. Persistent challenges include coordination between the various stakeholders and ministries involved in addressing violence against children, limited capacity of health officers, educators and communities, and cultural barriers to accessing services.

13. Overall, the legislative framework defines and promotes the rights of children. The Constitution of the Republic of Namibia, 1990, recognizes the rights and freedoms of all citizens. The 2015 Child Care and Protection Act largely enshrines the Convention on the Rights of the Child in national law, pending government approval of regulations required for its implementation.

14. The main bottlenecks to realizing child rights are less about inadequate funds and more about inefficient spending patterns and insufficiently qualified human resources at all levels to ensure quality service provision. Inequalities in service provision strongly correlate with the country's unequal income distribution, with the poorest communities being the least well served.

15. Namibia has several government-funded social protection mechanisms for the elderly, veterans, persons with disabilities and vulnerable children. These have been shown to mitigate disparities in income.[25] However, the mechanisms are fragmented and do not always reach those persons who are most in need. In addition, the value of the child welfare grant is eroded by inflation.

16. Specific gender issues of concern include low rates of awareness among adolescents of sexual and reproductive health (and HIV); high pregnancy rates among adolescent girls; higher drop-out rates among boys, especially at secondary level; low male involvement in PMTCT; and inadequate gender and age disaggregation in national data reporting systems.

17. Namibia is prone to natural disasters, disease outbreaks and food insecurity, which negatively affect human development. A recent assessment highlighted capacity gaps and opportunities to build resilience, including information management, multi-hazards early-warning systems, contingency planning, financing

[21] NIDS 2014.
[22] UNICEF Namibia, *Education Budget Brief*, 2017.
[23] Ministry of Education, *Teacher Incentive Study*, 2014.
[24] NDHS 2013.
[25] World Bank, 'Does Fiscal Policy Benefit the Poor and Reduce Inequality in Namibia?' 2017.

and developing capacity to effectively implement the national disaster risk management system.[26]

18. The following lessons learned from the previous country programme contributed to the design of the current programme:

(a) The programme should shift emphasis from developing policies and legislation to identifying and addressing the bottlenecks at subnational level that prevent these policies and laws from having a wider impact, especially for the most vulnerable;

(b) The programme should deepen an integrated and rights-based approach to ensure delivery of a cohesive set of services at the community and facility level, using innovative approaches and technologies, and strengthen subnational response planning and analysis through collection and dissemination of real time data; and

(c) The programme should leverage the resources of the Government of Namibia and development partners for children, through:

(i) National development processes such as national development plan design, monitoring and reporting;

(ii) Pro-poor, pro-child and gender-responsive budget processes; and

(iii) The Government's priority of poverty eradication, with a focus on multiple levels of deprivation and child poverty.

Programme priorities and partnerships

19. Under the "Delivering as one" modality adopted in Namibia in 2014 and the United Nations reform agenda, this country programme will contribute to the planned results of both the United Nations Partnership Framework (UNPAF) 2019–2023 and the Fifth National Development Plan of Namibia. The overall goal of the country programme is to contribute to national efforts to enable children and adolescents to realize their rights by progressively reducing disparities and inequities.

20. To achieve this goal, the country programme will employ a mix of strategies to accelerate progress with a focus on equity through:

(a) *Capacity development* for strengthened systems; identifying and addressing bottlenecks to implementing policy at scale to deliver quality services; creating demand for services and sustaining these services; and supply financing and procurement services and supply system strengthening. In addition, joint United Nations area-based programming will model the delivery of integrated services to inform the country's decentralization programme.

(b) *Public finance management and analysis* to leverage government and partner programmes and resources for children, with a focus on increased effectiveness of spending rather than increased allocation;

(c) *Evidence and advocacy* for information management, systems integration and reporting to ensure that data and research are used to improve policies, resource allocation, programmes and accountability;

(d) *Community engagement, social accountability and communication for development* will complement the other strategies and enhance social accountability

[26] Capacity for Disaster Reduction Initiative. *Capacity Assessment Report of the National Disaster Risk Management System in Namibia*, 2016.

for children's rights, including empowering communities to demand services and promoting positive behaviours; and

(e) *Innovation and South-South cooperation*: Emphasis will be placed on technology-for-development initiatives to strengthen communication and reporting. UNICEF will promote learning and sharing of innovations and best practice within the subregion and beyond, using the Southern African Development Community and African Union structures to ensure alignment of policy with international agreements.

21. The country programme will have four components: (a) child survival and development; (b) adolescent development and participation; (c) child-friendly environment; and (d) programme effectiveness.

22. These programme components will contribute to achievement of the Sustainable Development Goals, especially Goals 1 to 6, and the social transformation pillar of the UNPAF. The child-friendly environment and programme effectiveness components will also support the economic progression and good governance pillars of the UNPAF.

23. Integrated programming will be at the heart of the country programme, as will ensuring an equity focus across all interventions so that all children have access to quality and inclusive services. Human rights, gender and disability will be mainstreamed in the programme components. In line with the UNICEF Gender Action Plan, 2018–2021, analysis and programme design will address discriminatory norms and practices and promote the empowerment of girls and women.

24. The country programme also responds to observations and recommendations arising from a review of the latest States parties reports on the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women, the Convention on the Rights of Persons with Disabilities and the African Charter on the Rights and Welfare of the Child.

Child survival and development

25. UNICEF will contribute to the following outcome: All Namibian children from 0–10 years old have improved access to quality and equitable maternal, neonatal and child health, nutrition, education, child protection, ECD, civil registration, and water, sanitation and hygiene (WASH) services.

26. To achieve this, UNICEF will strengthen multisectoral service delivery systems and build national capacity to provide an essential package of quality, high-impact integrated services for the first decade of a child's life, and particularly the first 1,000 days.

27. On maternal, neonatal and child health and nutrition, UNICEF will work closely with the World Health Organization, the United Nations Population Fund, the Joint United Nations Programme on HIV/AIDS, the World Food Programme and the Food and Agriculture Organization of the United Nations to support the scale-up of government services by identifying and systematically removing the bottlenecks at subnational level that prevent the implementation of government plans and policies. Areas of collaboration will include the Emergency Obstetric and Neonatal Care Strategic Plan, the Every Newborn Action Plan, the integrated community case management of childhood illness strategy, the Scaling Up Nutrition Country Implementation Plan, the Community-Led Total Sanitation approach and the Road Map for the Elimination of Mother-To-Child Transmission of HIV. UNICEF will strengthen management of immunization services by implementing the Reach Every

Child approach to ensure full vaccination within the first 12 months of life. The programme will contribute to achieving the agenda for universal health coverage.

28. To address violence against children in the first decade of life, UNICEF will support the use of data for planning (with the Centers for Disease Control and Prevention in the United States); scale-up training of police, magistrates, prosecutors and social workers on the procedures for handling cases involving children; and raise community awareness and create close links with the health and education sectors to prevent, detect and refer cases of violence.

29. The approach to early learning and stimulation in Namibia integrates multisectoral planning and services for infants and young children to reduce the high repetition rates in Grade 1; reduce overage children in Grade 1; promote universal provision of pre-primary education; and improve foundational numeracy and literacy. UNICEF will support the Government and civil society partners to scale-up access to ECD centres, pre-primary and junior primary to improve early learning and stimulation, especially for children from marginalized, poor and remote areas. This will also include supporting financial analysis to improve the efficiency and effectiveness of budgetary allocations and spending.

30. Children provided with the best start in life can transition into the second decade of life healthier and better equipped for future learning. Assistance from UNICEF will ensure multisectoral approaches to support development in the early years and close linkages with programme component 2: adolescent development and participation.

Adolescent development and participation

31. UNICEF will contribute to the following outcome: By the end of 2023, adolescents are learning, healthy, developing and participating in an environment free from violence, exploitation and abuse.

32. To achieve this, UNICEF will strengthen multisectoral service delivery systems and build national capacities to provide an essential package of quality, high-impact integrated support to education, health (including nutrition, WASH and sexual and reproductive health), child protection and adolescent empowerment.

33. UNICEF will advocate for the institutionalization of child participation in Parliament and with local authorities. UNICEF will also promote adolescent participation through school boards and peer education groups, to hold schools accountable for improving learning outcomes.

34. The programme will focus on providing technical support to the Ministry of Education, Arts and Culture to improve gender-responsive, equitable spending on education and effective use of data for planning. Support will be provided to strengthening systems to increase quality service delivery and outcomes to reduce repetition rates and the number of dropouts. The Social Accountability and School Governance Programme, the Integrated School Health Programme and implementation of the National Safe Schools Framework will be supported to remove the barriers that prevent children from staying in school. UNICEF will support an analysis of efficiency and effectiveness in budgetary allocations and spending for improved learning outcomes and transition in the education life cycle.

35. UNICEF will support the Government to roll out menstrual health and hygiene interventions so as to increase adolescent girls' access to supplies and appropriate facilities.

36. In the area of integrated sexual and reproductive health and HIV prevention, treatment and care, the country programme will accelerate provision of integrated adolescent-friendly health and nutrition services, within the Joint United Nations Team on HIV and AIDS. UNICEF will support health workers to implement adolescent-friendly health services guidelines in all health facilities; to expand adolescent HIV testing services; and to ensure that adolescents living with HIV are provided with treatment and supported to suppress their viral load. School-based life skills and comprehensive sexuality education will be sustained by enhancing the quality of curriculum delivery as well as school-based health services.

37. Within the framework of the global End violence against children campaign, UNICEF will strengthen national capacity to legislate, plan and budget for scaling up interventions that prevent and respond to violence, abuse, exploitation and neglect of children and adolescents (including online protection). UNICEF will support implementation of a case management system, including developing tools, protocols and procedures to improve tracking and referral of cases of violence, exploitation and abuse.

Child-friendly environment

38. UNICEF will contribute to the following objective: The creation of a safe, resilient and supportive environment for all children, adolescents and their families.

39. The organization will work towards a sustainable reduction in multidimensional deprivation among marginalized children and adolescents in Namibia. Efforts will focus on building their resilience to economic and climate-related shocks.

40. The generation and use of evidence to advocate for equitable access to government-funded (and inflation-protected) social grants that benefit all children will be supported. Partnerships will be strengthened with key line ministries for a more integrated, effective and efficient social protection system, and to ensure that social protection reinforces access to other social services, including birth registration. UNICEF will also work with the media, civil society and local authorities to encourage uptake of and accountability for social protection services.

41. The adverse effects of climate change, natural disasters and disease outbreaks deprive children, especially the most disadvantaged, of their rights to health, nutrition and food security, protection and education. To increase recovery and resilience to these shocks, UNICEF will focus on supporting humanitarian assessments that include a child focus and are disaggregated by age, gender and disability. With other United Nations funds and programmes, UNICEF will advocate for prioritization of the most vulnerable (women, children, persons with disabilities and persons living with HIV) in preparedness, resilience-building and response activities.

Programme effectiveness

42. The programme effectiveness component will provide quality assurance and cross-sectoral coordination and support of the other components of the country programme and contribute to the following outcome: By the end of 2023, government institutions at the national and regional level are routinely reporting on the realization of the rights of all children and adolescents.

43. Programme coordination will use joint planning and regular reviews to ensure alignment and coherence of interventions across the three programme components, and alignment with the Government's coordination structures. UNICEF will work within the framework of the UNPAF to support collective results.

44. To benefit the most disadvantaged children, results-oriented programming will promote the generation, analysis and use of evidence for improved equity-focused planning, monitoring and evaluation of programmes. The Namibia Statistics Agency, higher institutions of learning and local research organizations will be strengthened through UNICEF support in order to generate timely, quality, disaggregated, child-focused and gender-sensitive research, data and reports. UNICEF will also support data and sectoral information systems management, including for cross-cutting issues such as gender and disability.

45. UNICEF will advocate for and influence gender-responsive and child-friendly budgeting with the Government and local private sector, focusing on increasing the effectiveness and efficiency of public finance for children.

46. Communication for development, including the use of information technology, will be utilized to create and sustain demand for social services, provide a platform for children's voices, and overcome harmful social norms and practices that violate the rights of children and adolescents and perpetuate gender disparities.

47. UNICEF will nurture strategic partnerships to leverage resources for the realization of child rights in Namibia. In partnership with government institutions and civil society, youth organizations will be supported to actively participate in programming for children and adolescents. New strategic alliances will be formed with the private and philanthropic sectors for specific programmes. Above all, UNICEF will play a convening role for stakeholders to partner effectively to realize the rights of children and adolescents. South-South networks will be used to promote mutual learning and exchange of good practices.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child survival and development	1 000	8 500	9 500
Adolescent development and participation	1 000	7 500	8 500
Child-friendly environment	1 000	1 000	2 000
Programme effectiveness	1 685	5 000	6 685
Total	**4 685**	**22 000**	**26 685**

Programme and risk management

48. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

49. This country programme will be coordinated under the UNPAF 2019–2023, and implemented under the leadership of the National Planning Commission and in collaboration with line ministries, parastatal institutions, civil society organizations, the private sector, research institutions and universities.

50. The main risks to achieving the planned results and the proposed measures to mitigate them are as follows:

(a) *Declining donor support to Namibia*. Given the decline in development assistance since 2009, UNICEF will continue to advocate for more domestic resources to focus on vulnerable children and adolescents, and for the prioritization of children and adolescents in development partners' programmes and budget allocations. This advocacy will be done though generating and sharing of evidence on the unequal outcomes for children and adolescents, the key bottlenecks to progress and the effectiveness of programmes and interventions to address the situation. UNICEF will also mobilize other resources (OR) for the country programme through close engagement with donors in country and abroad, using quality proposals and donor reports, human interest stories and country visits.

(b) *Risk of natural disasters*. Namibia is prone to floods, droughts and disease outbreaks, which have a negative effect on human development. Resources for human development priorities are consistently diverted to disaster response, delaying the implementation of development programmes. UNICEF will work closely with other United Nations funds and programmes and development partners to strengthen early warning and disaster risk management systems.

(c) *Vulnerability to external economic shocks*. The country's high level of dependence on imported goods and on external markets for export of natural resources (the bulk of its economy) means that external shocks may quickly affect its economic well-being. With the United Nations country team and other development partners, UNICEF will work to strengthen social safety nets for the most vulnerable.

51. A business operations strategy will harmonize and reduce business operating costs, and the United Nations funds and programmes will continue to share common premises and services.

52. UNICEF will continue to monitor the effectiveness of governance and management systems, stewardship of financial resources and management of human resources. Management of the harmonized approach to cash transfers will be strengthened to mitigate risks to programme implementation.

Monitoring and evaluation

53. UNICEF will monitor results through annual management plans and yearly workplans, and through peer reviews with the Government and implementing partners to assess key strategic, programmatic, operational and financial risks, and define appropriate risk control and mitigation measures.

54. Progress towards planned results will be monitored using the results and resources framework indicators, based on the UNPAF 2019–2023, the UNICEF Strategic Plan, 2018–2021 and the Eastern and Southern Africa regional priorities. UNICEF will work with the Namibia Statistics Agency and other United Nations funds and programmes to monitor progress towards national and international goals and track inequities using timely data.

55. UNICEF will also work with partners to strengthen national monitoring and evaluation capacity by institutionalizing results-based management. Emphasis will be placed on implementing subnational planning processes, improving programme performance monitoring, and creating feedback mechanisms to strengthen systems by mainstreaming the UNICEF Monitoring Results for Equity System.

56. In coordination with the Government, UNICEF will evaluate specific interventions and approaches (see the costed evaluation plan, which is being

presented in conjunction with this CPD) and conduct mid- and end-term country programme reviews to determine programme relevance, effectiveness, efficiency and impact. The country programme will prioritize periodic surveys, studies and research on key issues. Additional research will be undertaken as needed to provide more in-depth analysis on key issues.

Annex

Results and resources framework

Namibia – UNICEF country programme of cooperation, 2019–2023

Convention on the Rights of the Child: All articles
National priorities: Fifth National Development Plan (2017/18-2021/22), Harambee Prosperity Plan (2016/17-2019/20), Sustainable Development Goals 1 to 6 and 10

United Nations Partnership Framework (UNPAF, 2019-23) child-related outcomes and indicators:
By 2023, most vulnerable women, children, adolescents and young people in Namibia have access to and utilize quality integrated health care and nutrition services

- Rate of stunting among under-five children. **Baseline**: 23.8% (2013); **Target**: 14%
- Maternal mortality rate. **Baseline**: 265/100,000 live births (2015); **Target**: 200/100,000 live births
- Neonatal mortality rate. **Baseline** 15.9/1,000 live births (2015); **Target:** 10/1,000 live births
- Skilled birth attendance rate. **Baseline** 87.5% (2013); **Target**: 97%
- Adolescent birth rate, per 1,000 adolescent girls. **Baseline**: 82 (2013), **Target**: 65
- New HIV infections. **Baseline:** Overall 5,271, adolescent girls 1,000; young women 2,323 (2016); **Target:** Overall 1,318; adolescent girls 400; young women 1,400
- Household out-of-pocket health expenditure. **Baseline**: 9% (2014/15); **Target:** <9%
- Proportion of population using safely managed sanitation services, including hand-washing facility with soap and water. **Baseline:** 53% (2016); **Target:** 70%.

By 2023, the most vulnerable children and young people in Namibia have equitable access to quality education and lifelong learning.

- Enrolment rate children aged 0–5 in early childhood development (ECD) programmes. **Baseline:** 24.6% (2016); **Target:** 40%
- Enrolment rate children aged 5–18 in pre-primary, primary and secondary education. **Baseline:** Pre-primary: 19.2%; primary: 94.8%; secondary: 56.5% (2016); **Target:** Pre-primary: 50%; primary: 99%; secondary: 70%
- Primary completion rate. **Baseline:** 83.4% (2016); **Target:** 90%
- Repetition rate: Grade 7. **Baseline:** 89% (2016); **Target:** 100%
- Repetition rate: Grade 10. **Baseline:** 60% (2016); **Target:** 85%

By 2023, the most vulnerable women and children are empowered and protected against violence, abuse, neglect and exploitation.

- Number of identified potential victims of trafficking (2013). **Baseline**: 8 per year; **Target**: 16 per year

By 2023, the most vulnerable children, persons with disabilities, indigenous people, and the poor utilize quality, integrated social protection services

- Percentage of the national budget allocated to non-contributory social protection. **Baseline**: 3.5% (2016/17 financial year (FY)); **Target**: 5% (2023/24 FY)

Related UNICEF Strategic Plan, 2018–2021 Goal Areas and outcome statements:
Every child survives and thrives
Outcome statement 1: Girls and boys, especially those that are marginalized and those living in humanitarian conditions, have access to high-impact health, nutrition, HIV and ECD interventions from pregnancy to adolescence.

Every child learns
Outcome statement 2: Girls and boys, in particular the most marginalized and those affected by humanitarian situations, are provided with inclusive and equitable quality education and learning opportunities.
Every child is protected from violence and exploitation
Outcome statement 3: Girls and boys, especially the most vulnerable and those affected by humanitarian situations, are protected from all forms of violence, exploitation, abuse and harmful practices.
Every child lives in a safe and clean environment
Outcome statement 4: Sustained use of safe water and sanitation services and adoption of hygiene practices and strengthened systems for a clean and safe environment for all children, women, girls and boys, particularly the most disadvantaged and those affected by humanitarian situations

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Child survival and development							
1. All Namibian children from ages 0–10 years have improved access to quality and equitable maternal, neonatal and child health, education, child protection, ECD, civil registration, nutrition and WASH services by 2023	National budget allocated for health B: 13% (2015), T: 15 % Share of education budget allocated to pre-primary/ primary B: 6%/32% (2016), T: 10%/40%	National budget book/ budget briefs	Output 1: Relevant high-level decision makers ensure equitable resource allocation, efficient spending for maternal, newborn and child health; child protection, ECD, education, sanitation and nutrition is implemented. Output 2: Capacity of service providers to provide quality and integrated health, HIV, nutrition, education, sanitation, birth registration and child protection services is improved Output 3: Capacity of communities, parents, children, and religious and traditional leaders is increased to demand and access quality integrated services for maternal, newborn and child health, sanitation, child protection, ECD and nutrition	United Nations funds and programmes Ministry of Health and Social Services (MOHSS); Ministry of Education, Arts and Culture (MOEAC); Ministry of Home Affairs and Immigration (MHAI); Ministry of Agriculture, Water and Forestry (MAWF); Ministry of Gender Equality and Child Welfare (MGECW), Civil society, academia, media, professional associations, training institutes, development partners.	1 000	8 500	9 500
	Percentage of children aged 0–6 months old exclusively breastfed B: 49% (2013), T: 80%	Demographic and Health Survey (DHS)					
	Percentage of children fully immunized by 12 months B: 68% (2013), T: 80%	DHS					
	Percentage of HIV-exposed newborns tested HIV positive B: 4% (2015), T: 2%	National Strategic Framework for HIV and AIDS Response in Namibia progress reports					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Repetition rate: Grade 1 B: 19.9% (2016), T: 5% Repetition rate: Grade 5 B: 20.3% (2016), T: 5%	Education Management Information System (EMIS)					
	Number of learners enrolled at pre-primary level B: 41 091 (2016), T: 80 000	Annual education census					
	Under-five birth registration services B: 78% (2013), T: 85%	DHS					
	Proportion of population practising open defecation. B: 52% (2013), T: 25%	DHS					
Adolescent development and participation							
2. By the end of 2023 adolescents are learning, healthy, developing and participating in an environment free from violence, exploitation and abuse	Number of additional adolescent girls and boys participating in or leading civic engagement initiatives through UNICEF-supported programmes B: 0 (2017), T: 5,000	Parliament and partner reports.	Output 1: Government is able to advocate for institutionalization of child participation in decision-making Output 2: Increased capacity of services providers for integrated health, HIV, nutrition, education, sanitation and child protection services in a conducive, safe and protective environment for adolescents Output 3: Increased capacity of adolescents to demand and access quality integrated services for health, HIV, nutrition, education, sanitation and child protection	United Nations funds and programmes MOHSS; MOEAC; MGECW; Namibian Police Force; Parliament; civil society, youth organizations	1 000	7 500	8 500
	Percentage of Namibian women (age 15–19) who ever experienced violence since age 15. B: 31.5% (2013), T: 15%	DHS					
	Adolescents ages 15–19 who were tested for HIV and	HIV sentinel surveys					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	received their results in the past 12 months B: 21% (2016), T: 35%						
	Live births per 1,000 women aged 15–19 years B: 82.0 (2013), T: 65	DHS					
	Promotion rate Grade 7: B: 89% (2016), T: 100% Promotion rate Grade 10: B: 60% (2016), T: 85%	EMIS					
Child-friendly environment							
3. Vulnerable children ages 0–18 years have increased access to equitable and efficient social protection systems for reduced poverty and improved child-friendly environments	Percentage of the national budget allocated to non-contributory social protection B: 3.5% (2016/17 FY), T: 5% (2023/24 FY)	National budget book/budget briefs	Output 1: Service providers capacitated to implement efficient evidence-based social protection policies, plans and budget. Output 2: Service providers capacitated to protect Namibian children against epidemics and the impacts of climate change.	United Nations funds and programmes Ministry of Environment and Tourism; Ministry of Poverty Eradication and Social Welfare; Ministry of Mines and Energy; Ministry of Finance; MGEWC; Namibia Statistics Agency; Office of the Prime Minister	1 000	1 000	2 000
	Number of additional interventions for climate-resilient communities as a result of UNICEF support B: 0 (2018), T: 5	Partner reports.					
	Disaster risk management system in Namibia both child-sensitive and functional at the national and regional levels. B: 1 (national), T: 14 (regions)	Office of the Prime Minister					
Programme effectiveness							
By the end of 2023, government institutions at	Timely submission of States parties reports: Convention on	Office of the United Nations	Output 1: National Statistics Development Framework in place	Namibia Statistics Agency,	1 685	5 000	6 685

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR	Total
the national and regional level are routinely reporting on the realization of the rights of all children and adolescents	the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women, Convention on the Rights of Persons with Disabilities and African Charter on the Rights and Welfare of the Child. B: 0 (2018), T: 4	High Commissioner for Human Rights	for child rights reporting and accountability.	National Planning Commission			
	Number of child-related Sustainable Development Goal indicators in national reporting mechanism B: TBD, T: All	Sustainable Development Goal progress reports (National Planning Commission)					
	UNICEF dashboard key performance indicators	Insight dashboard					
Total resources					**4 685**	**22 000**	**26 685**

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Country programme document

South Sudan

Summary

The country programme document (CPD) for South Sudan is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $29,172,000 from regular resources, subject to the availability of funds, and $118,666,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2019 to 2021.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2018.

* E/ICEF/2018/19.

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Programme rationale

1. Despite ongoing peace processes, South Sudan remains volatile and faces a crisis of unprecedented proportions, with the lives of many children at risk. The crisis disproportionately affects women and girls, and inequalities persist between women, men, boys and girls in terms of education access, livelihood opportunities, protection and political processes. Peace talks have occasionally resulted in ceasefire agreements, but they have been systematically violated. The political, security and economic situation has deteriorated over the past two years, with a corresponding increase in violence, a significantly worsened humanitarian situation and massive violations of child rights. The fighting has two distinct, but at times interwoven, elements: a national political struggle; and intercommunal conflicts over land and cattle. Since 2015, spreading hostilities have resulted in 4 million South Sudanese people being displaced, including 2.4 million children. Of the 2.1 million who sought refuge in neighbouring countries, more than a million are children.

2. Two key challenges complicating the response are limitations to humanitarian access and poor availability and reliability of data. In 2017, a total of 1,159 humanitarian access incidents were reported by aid organizations in South Sudan, higher than the 908 reported in 2016 and 909 in 2015. Of the 7 million people requiring assistance in 2018 (more than half children), an estimated 800,000 lack sustained access to humanitarian aid. Inadequate or absent recent data complicates planning and monitoring programmes.

3. South Sudan is a young, resource-rich, largely agricultural country with low-income status: 63 per cent of the population lives below the nationally defined poverty line, 70 per cent is under 30 years old and around 85 per cent engages in subsistence agriculture. Since 2015, rapid currency devaluation and basic commodity shortages have caused hyperinflation, compounding the economic hardships most face. In much of South Sudan, conflict and drought have halted agricultural production and other economic activities, contributing to the estimated 82 per cent of the population experiencing food insecurity, 25 per cent severely. Famine remains a very real risk.

4. Although the need for social services has increased exponentially, economic shocks and conflict have sharply reduced government revenue and capacity. The inability of the Government to pay salaries has caused an exodus from the civil service, while the proportion of government expenditure on social sectors has dropped precipitously. For example, just 3 per cent of the already-reduced 2015/16 third quarter budget was spent on education and 1 per cent on health, compared to 41 per cent on security and 24.7 per cent on public administration. Government capacity to develop policies and implement programmes is further limited by the expanded number of states, which are responsible for service delivery and infrastructure development.

5. Even before the 2013 upsurge in the conflict, the nutrition situation was critical for children under five. In 2010, the rate of stunting was 31 per cent and global acute malnutrition 23 per cent, with more boys affected than girls. The number of children suffering from severe acute malnutrition rose from an estimated 108,000 in 2013 to 269,000 in 2018. In 2017, 36 of 55 nutrition surveys reported acute malnutrition rates above 15 per cent, the emergency threshold. Micronutrient deficiencies, notably vitamin A, iron and iodine, are common among children, young people and women. The key drivers of malnutrition in South Sudan include food insecurity, suboptimal feeding practices, high morbidity, poor access to and utilization of health and nutrition services, low sanitation coverage, poor hygiene practices, social norms and gender dynamics. Government capacity to respond to nutrition challenges is limited by lack

of access, low staff motivation and insufficient budgets. Thus, the nutrition response increasingly depends on the humanitarian community.

6. The latest global estimate for maternal mortality (2015) was alarming: 789 deaths per 100,000 live births. Although half of pregnant women attend at least one antenatal care visit, in 2017, skilled practitioners attended only 8 per cent of births. Under-five mortality was estimated at 91 deaths per 1,000 live births in 2016; 41 per cent of under-five deaths were among newborns. The situation has since deteriorated. Routine immunization coverage declined from 80 per cent in 2011 to coverage in 2017 of 75 per cent for measles and 58 per cent for both polio and pentavalent 3. Each week in South Sudan, malaria kills nearly 220 people, mostly children under five years old. While malaria remains the main killer of children, the number of deaths from vaccine-preventable diseases such as measles and meningitis is increasing. There are an estimated 138,600 orphans and other children made vulnerable by AIDS and 12,000 children under the age of 15 living with HIV. Adult HIV prevalence is estimated at 2.7 per cent.

7. Although a health sector strategic plan is nearing completion, maternal and child health programmes are constrained by lack of financing, social norms, high costs and long distances to facilities. Even before the conflict intensified, the health system was weak, fragmented and dysfunctional. There are serious shortages of supplies, equipment and human resources: only 37 per cent of health facilities have functioning cold chain equipment, there are approximately 0.15 doctors and 0.2 midwives for every 10,000 people and, in some areas, residents walk up to 20 kilometres to reach a primary health-care facility. The recent upsurge in insecurity has led to massive displacement of the population and health workers, and looting and vandalizing of health facilities. As a result, more than 50 per cent of health facilities are estimated to be non-functional.

8. The World Health Organization/United Nations Children's Fund Joint Monitoring Programme for Water Supply, Sanitation and Hygiene estimated that in 2015 only half of the population had at least basic access to improved water, while a further 30 per cent had limited access (at least a 30-minute round-trip walk), with minimal urban/rural differences. Just 10 per cent of the population had at least basic sanitation facilities (rural: 6 per cent, urban: 28 per cent). Underinvestment, scarce technical capacity and shortages of spare parts limit maintenance of water and sanitation systems. Poor practices — not washing hands with soap, and inadequate treatment and storage of water — lead to low micronutrient absorption, undernutrition and cholera. From June 2016 to September 2017, South Sudan experienced its most persistent and deadly cholera outbreak since independence, with 20,438 cases and 436 deaths — nearly half (46 per cent) among children.

9. The ongoing crisis has aggravated an already-difficult education situation. The deterioration of systems and services has led to poor educational outcomes, limited participation by girls and insufficient school infrastructure. School enrolment rates are among the lowest in the world. According to the Education Management Information System,[1] the gross enrolment rates in 2016 were 76 per cent at primary level and 10 per cent at secondary level; the gender parity index was 0.75 at primary level and 0.57 at secondary level. In mid-2017, more than 2 million primary-school-aged children were estimated to be out of school, and close to 1.3 million were at risk of dropping out. Approximately one third of primary schools are damaged, occupied or closed due to the conflict and failure to pay teacher salaries. Quality is a particular concern: most primary schoolchildren attending school do not achieve foundational

[1] The 2016 Education Management Information System provides the latest statistics on education in 6 out of 10 former states.

literacy, numeracy and life skills. Two thirds of teachers are untrained and there are major shortages of teaching and learning materials.

10. More than half of the child population is estimated to have been directly affected by the conflict, with 3,220 documented grave violations affecting 77,000 children. This includes more than 19,000 children recruited into armed forces and groups and more than 1,200 documented cases of sexual violence. School closures have led to greater numbers of unsupervised children and a concomitant rise in protection concerns, including an increased risk of harmful coping mechanisms, child marriage and escalating boys' involvement in armed groups or crime. Since 2014, more than 16,000 unaccompanied children were registered as separated from their families and requiring protection, family tracing and reunification. Over a million children and young people are experiencing profound psychological distress. Existing services to address psychosocial well-being and prevent and treat mental disorders are inadequate.

11. Civil registration and vital statistics systems are underdeveloped. From the country's independence in mid-2011 to 2017, birth notifications had been provided to only 450,578 children. A civil registry bill was passed by Parliament in January 2018. The establishment of a national digital database, along with plans to address bottlenecks hindering registration services, should significantly increase the number of birth notifications.

12. Although underreported due to fear of retaliation and social stigma, gender-based violence — including sexual violence, abductions, child marriage and forced marriage — is widespread. It is fuelled by harmful traditional practices, the ongoing conflict and lack of access to adequate support services. A 2016 analysis documented serious gender inequalities, rooted in traditional social norms. Roughly 41 per cent of survey respondents reported experiencing gender-based violence within the past year. Prior to late-2013, approximately 52 per cent of girls were married before the age of 18 and the conflict has reinforced traditional gender roles, further increasing the risk of child marriage. Inequality is reflected in primary schools, where only 36 per cent of pupils are girls and only 14 per cent of teachers are female.

13. A key lesson learned from the evaluation of the United Nations Interim Cooperation Framework, 2016–2017 is the need to remain flexible, taking advantage of opportunities arising from peace initiatives while increasing support for building resilience and capacity at the subnational and household levels. Programming should integrate conflict sensitivity and peacebuilding. In this environment, an enhanced gender focus, driven by inter-agency collaboration, is essential to deliver results.

14. UNICEF has a track record of effective coordination with partners, constructive engagement with government authorities and a strong field presence. A decentralized presence in South Sudan has enabled UNICEF to establish long-term relationships with communities and authorities at the local and national levels. The UNICEF multisectoral approach facilitates linkages and synergies to tackle the multiple deprivations faced by children in South Sudan. UNICEF strengths also include timely procurement and delivery of supplies in emergencies. Through its equity focus and specialized mandate, the organization is well placed to address the rights of girls, women and young people; to integrate dialogue on conflict and peacebuilding activities with agile service-delivery modalities to respond to the evolving security situation; and to reach underserved communities.

15. While retaining its primary focus on saving lives and alleviating suffering, the programme will increase efforts to safeguard and protect vulnerable children and women; increase access to basic services; empower the next generation; support recovery and resilience of communities; and improve systems for data collection and analysis. Based on the priorities identified, UNICEF proposes the following

programme components: health; nutrition; water, sanitation and hygiene (WASH); education; child protection; social policy; and programme effectiveness.

Programme priorities and partnerships

16. This programme of cooperation contributes to all four agreed outcome areas of the United Nations Cooperation Framework (UNCF, 2019–2021): building peace and good governance; strengthening food security and recovering livelihoods; strengthening social services; and empowering women and young people. These areas are aligned with the emerging national development strategy, the UNICEF Strategic Plan, 2018–2021 and the UNICEF Gender Action Plan, 2018–2021.

17. The overall vision for the programme is "Enhanced and more equitable outcomes achieved for the children of South Sudan." To this end, UNICEF will continue to expand the delivery of basic services while working towards building a protective environment in which children's rights are respected and, to the extent possible, opportunities are created for children to develop their potential. In stable areas, UNICEF will work with partners to implement programmes for longer-term recovery and resilience among affected communities. UNICEF will work to strengthen cross-sectoral, integrated responses at the national and subnational levels, while seeking local solutions and community engagement using innovative approaches to access communities requiring humanitarian responses. Efforts will be undertaken to ensure that the sectors mainstream protection and that the "do no harm" principle is fully respected.

18. The **health programme** will contribute to at least 1.7 million under-five children and 240,000 pregnant women and girls equitably accessing and using quality essential maternal, neonatal and child health services each year. Given the ongoing emergency and weak health system, UNICEF will combine life-saving interventions with strengthened mobile outreach and community-based services to enhance community resilience, in line with the Government's Boma Health Initiative. This will enable greater utilization of services by populations with intermittent access to health care. The programme will contribute to a reduction in preventable maternal, newborn and child morbidity and mortality by providing basic commodities and quality, high-impact health interventions. It will seek to improve health outcomes by fostering community engagement, spurring demand and supporting the establishment of prevention of mother-to-child transmission of HIV services at health facilities that lack them. The programme will contribute to health system strengthening, including through adoption of solar and other low-cost technologies and building the capacity of front-line health and community workers, while enabling those exposed to gender-based violence to have access to clinical services. Immunization, nutrition and community-based programmes will be used as platforms for nationwide integration of child health interventions.

19. The **nutrition programme** will contribute to improving the nutritional status of 1.7 million under-five children, young people, girls and women by increasing the equitable use of quality nutrition services. The programme will scale up provision of life-saving community-based interventions for children suffering from severe acute malnutrition while promoting optimal maternal and young child nutrition practices during the first 1,000 days of life. It will work to increase the capacity of implementing partners — including those engaged in community management of acute malnutrition — to prevent, detect and treat stunting, with a focus on improving adolescent and maternal nutrition and complementary feeding for young children. During humanitarian crises, maternal and child nutrition interventions will be delivered through mobile outreach and the integrated rapid response mechanism

(IRRM), enabled by pre-positioning of supplies. To address gaps in governance, knowledge and data, the programme will support the development of a national multisectoral nutrition strategic plan and strengthen coordination, partnership and the nutrition information system.

20. The **WASH programme** will contribute to 2.2 million vulnerable people, especially children in conflict-affected, underserved and epidemic-prone communities in both rural and urban areas, having basic access to and expanded use of equitable and sustainable WASH services. Interventions will include providing water supplies and basic sanitation in internal displacement camps, underserved communities, schools and health facilities in urban and peri-urban areas. UNICEF will promote community approaches to total sanitation, menstrual hygiene management in schools and security for women and girls at water and sanitation facilities. The programme will engage with small-scale service providers to operate public toilets and maintain sanitary facilities. Front-line service providers, institutions and communities will be provided with the knowledge and skills to prevent cholera, stop the transmission of guinea worm disease, prevent and respond to outbreaks of other diseases and practise good hygiene. The programme will contribute to the development of key enabling policies, strategies and monitoring systems that enhance community resilience.

21. The **education programme** will contribute to 1.1 million children and young people, with a focus on children aged 3–18 years and affected by conflict and other emergencies, having increased and equitable access to quality education and improved learning outcomes by 2021. Within the framework of the Strategic Plan 2017–2021 of the Ministry of General Education and Instruction, the programme will continue to provide education services, including life skills and livelihood support, in safe and protective learning environments for vulnerable out-of-school children and young people. Special measures will be supported to provide educational opportunities for children from the pastoralist community who face access challenges. The programme will contribute to strengthening community engagement and promoting social accountability and governance within the education system. UNICEF support will include the establishment of safe learning spaces, including gender-sensitive WASH facilities; support for teacher training; and provision of teaching and gender- and age-appropriate materials to improve learning quality and outcomes while seeking to enrol and retain girls in school. Community peacebuilding education at the local level will primarily focus on young people to support resilience and develop a culture of peace.

22. The **child protection programme** will contribute to reducing the number of children and young people exposed to, or at risk of, violence, exploitation and abuse in emergency and non-emergency settings. The programme will focus on delivering critical services, promoting positive behaviours and strengthening policies and systems to build a protective environment for children. Priority issues include responses to child rights violations, including gender-based violence and child marriage; birth registration and justice for children; family tracing and reunification; and safe release, care and reintegration of children associated with armed groups, alongside efforts to prevent recruitment. Demobilized and other at-risk young people will be trained as community agents of change and exposed to new skills and opportunities. In collaboration with other actors, survivors of gender-based violence will be provided with psychosocial support and case management services. The risk of gender-based violence will be mitigated by providing women- and girl-friendly spaces and addressing social norms. Mine risk education will continue to be supported through community capacity development and the school curriculum. Evidence generated through research and programme monitoring will be used to raise awareness and support policy dialogue and advocacy for an improved enabling

environment. The child protection programme will work with other programmes to ensure that UNICEF interventions are protection-sensitive. UNICEF will continue to monitor and report grave violations of child rights, pursuing cross-border collaboration and coordination.

23. The **social policy programme** will contribute to an improved policy environment and a social protection system that is more sensitive to issues related to gender and children. The programme will support national and subnational surveys, rolling situation analysis, budget analysis and analysis of the evolving political, economic and social context. UNICEF will, to the extent possible, contribute to building a timely and robust evidence base and advocate for child-centred budgeting and policies across sectors. To this end, it will support increased capacity among national planning institutions to generate evidence for policy formulation and routine monitoring of service delivery. UNICEF will work with the Government to operationalize and monitor child-centred elements of its national social protection framework in both emergency and non-emergency settings.

24. The **programme effectiveness component** will ensure the programme is effectively designed, coordinated and managed, both centrally and in the field, to meet quality standards and achieve results for children. External communication will raise awareness of the situation of marginalized children and young people and strengthen the capacity of the media, civil society, children and young people to advocate for children's rights. Communication-for-development approaches will support programmes to promote the adoption of behaviours that increase the demand for and utilization of life-saving social services, as well as community participation to provide for increased accountability to affected populations. These approaches will focus on empowering girls, young people and mothers with child- and gender-friendly social norms while promoting good practices and peacebuilding. Operational support and field operations will be critical components.

Programme strategies

25. To achieve the identified programme outcomes, the following strategies will be implemented:

(a) Integrated and coordinated approaches, to improve effectiveness and efficiency while mainstreaming protection concerns;

(b) Targeted service delivery employing flexible delivery methods, including the IRRM and mobile outreach, to adapt to the evolving security situation;

(c) Increased capacity and resilience of partners and systems at the local, community and household levels to address critical challenges, where conditions permit;

(d) Supply chain optimization through common inter-agency mechanisms, including core commodity pipelines for centralized procurement and pre-positioning of humanitarian supplies;

(e) Evidence-based, gender-responsive communication-for-development methods mainstreamed to engage with households and communities in support of behavioural and social change, including promotion of child- and gender-friendly social norms and practices to increase demand for services and peacebuilding;

(f) Innovative uses of technology leveraged to improve programme performance, particularly in monitoring, engaging and empowering communities, social mapping and reporting;

(g) Strengthened partnerships with local communities, government agencies, implementing partners, neighbouring countries, development partners and other United Nations organizations;

(h) Gender and issues related to young people mainstreamed into all programme interventions; and

(i) Generation of evidence to support planning, advocacy and resource mobilization.

Partnerships

26. UNICEF will continue to work with several ministries at the national and state levels (Agriculture; Education, Science and Technology; Energy, Dams, Irrigation and Water Resources; Finance and Economic Planning; Gender, Child and Social Welfare; Health; Information; Interior and Wildlife Conservation; and Justice), along with the National Bureau of Statistics and the National Disarmament, Demobilization and Reintegration Commission.

27. In a context in which non-governmental actors deliver most social services, it is particularly critical to establish strong partnerships with them. UNICEF will continue working with other United Nations organizations, the United Nations Mission in South Sudan, the World Bank, local and international civil society organizations, and global programmes such as the Global Partnership for Education; Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and Scaling Up Nutrition. In hard-to-reach and conflict-affected areas, UNICEF will continue working with community structures, faith-based organizations and other civil society groups.

28. In Abyei, an area disputed between the Sudan and South Sudan for which the final status is yet to be determined, the programme will continue to collaborate with the United Nations Interim Security Force for Abyei and UNICEF Sudan on joint interventions and cross-sectoral support.

29. UNICEF will intensify its collaboration with partners, including national and international non-governmental organizations, to launch a broader "zones of peace" initiative focused on recovery and resilience. In 2017, UNICEF worked with 149 civil society implementing partners, 66 per cent of which were local. During the new programme, UNICEF will refine its partnership strategy to focus on developing the capacity of a limited number of high-potential local partners.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Health	2 162	21 195	23 357
Nutrition	2 003	8 196	10 199
Water, sanitation and hygiene	2 003	21 764	23 767
Education	2 003	30 000	32 003
Child protection	2 525	17 149	19 674
Social policy	3 516	2 048	5 564
Programme effectiveness	14 960	18 314	33 274
Total	**29 172**	**118 666**	**147 838**

* About $200 million in emergency funding (other resources (emergency)) is required annually to support the humanitarian response.

Programme and risk management

30. This country programme document outlines UNICEF contributions to national results aligned to the UNCF and serves as the primary unit of accountability to the Executive Board for results and resources assigned at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

31. Given the volatility of the situation in South Sudan, UNICEF will employ an agile programming approach to assure sufficient flexibility to address changes on the ground. Below are potential future scenarios and the organization's planned implementation strategies and modalities for continuing to deliver results for children under each scenario:

(a) *Continuation of the slow and steady fragmentation of all parties, underpinned by lack of political consensus to end the violence*. Government capacities would continue to deteriorate and frequent humanitarian crises, man-made and natural, would remain the norm. The UNICEF programme would require flexible service-delivery systems capable of shifting between emergency and recovery modes, implying continuing implementation through civil society partners and direct mechanisms while strengthening government capacity, mainly at the local level. In the absence of strong state structures, UNICEF would undertake integrated, multisectoral programming, deliver life-saving packages of basic social services with civil society partners, and continue joint programming with other United Nations organizations.

(b) *Collapse of peace talks leading to intensified conflicts throughout the country*. Characterized by accelerated fragmentation of the governing elites and violent divisions within different groups, this scenario would include the possibility of coups d'état or war in Juba and/or state capitals. UNICEF would focus on delivering life-saving services and supplies on a limited scale, both directly (leveraging IRRM missions) and in collaboration with other humanitarian agencies. The security situation would require a decreased footprint and scale of delivery, with greater reliance on cross-border operations.

(c) *Peace initiatives bear fruit, supported by intensified international pressure to end the conflict*. A new, inclusive and likely expanded (but still weak) Government would come into being and the proportion of the country experiencing stability would increase. UNICEF would use the same approach to delivering services as in the first scenario and include prudent resumption of programming for system-building with government partners. The organization's ability to carry out programming would require that peace dividends are visible; government priorities shift from security to development; and human rights principles, gender equality and social inclusion are incorporated into the country's development plans.

32. This country programme is based on the assumptions that humanitarian access remains possible, sufficient implementing partners remain on the ground and zones of peace remain accessible. In addition, the programme relies on the availability of adequate resources for implementation; continued constructive engagement by UNICEF and other partners in equity-based policy dialogue and programming; and sufficient resources to concurrently implement both development and humanitarian programmes.

33. Key risks include: inability to reach the most vulnerable due to access restrictions; insufficient funding and donor fatigue; ongoing conflict leading to political instability; negative effects of climate change; supply chain delays

undermining service delivery; continuing price volatility and inflation, which further affect service provision costs and food security; and rapid staff turnover and exodus of national capacities, hindering the achievement of programme objectives.

34. To mitigate risks, UNICEF will work with the United Nations country team to implement flexible systems of service delivery to facilitate humanitarian access; build capacity for contingency planning and business continuity; manage core supply pipelines; strengthen community resilience; streamline conflict-sensitive monitoring systems; and expand engagement with donors and partners. UNICEF will continue, with partners, to develop an early warning system and incorporate risk-reduction mechanisms into development activities, to facilitate more effective humanitarian relief during crises. UNICEF will strengthen its national human resource base, hiring staff with competencies in both humanitarian and development work. To mitigate financial and programmatic risks in programme implementation, staff and partner capacity will be further enhanced to fully leverage procedures and systems designed for the harmonized approach to cash transfers.

35. To improve the effectiveness and efficiency of programmes, greater emphasis will be placed on innovation and multisectoral integration; for example, using schools as platforms for child protection, health, WASH and nutrition interventions. UNICEF will work with other United Nations organizations to adopt new ways of working to simultaneously address short-term humanitarian needs and plan for a more sustainable future.

Monitoring and evaluation

36. The Integrated Monitoring and Evaluation Plan, including the monitoring and evaluation framework, will be used to facilitate rigorous, results-based management. The costed evaluation plan covers four programme interventions, including further strengthening the release and reintegration programme for children formerly associated with armed forces or groups. Innovative monitoring mechanisms, including sentinel site monitoring, will be introduced to facilitate programme reviews, planning and reporting. Country programme results and indicators are aligned to national, regional and global frameworks, and progress against them will be assessed through mid-year and annual reviews with the Government and partners.

37. The UNCF will serve as a United Nations-wide monitoring, reporting and accountability tool for tracking progress towards achieving strategic outcomes; updating common indicators; and conducting joint studies, analyses and evaluations. Conditions permitting and to the extent possible, UNICEF, with other United Nations organizations and partners, will support ongoing situation analyses through national surveys and strengthening sectoral monitoring and information systems, with a focus on disaggregation by gender, age, geographic location and disability.

Annex

Results and resources framework

South Sudan — UNICEF country programme of cooperation, 2019–2021

Convention on the Rights of the Child: Articles 2, 6, 7, 8, 9, 10, 19, 22, 24, 26, 28, 29, 34–40
National priorities: South Sudan National Development Plan 2018–2021
National Development Strategy 3: Access to basic services

United Nations Cooperation Framework 2019–2021 priorities
1: Building peace and good governance; 2: Improving food security and recovering local economies; 3: Strengthening social services; and 4: Empowering women and youth

Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1–5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR*	Total
1. Health Children under five years and pregnant women use more equitable and better quality essential maternal, newborn and child health services	Percentage of pregnant women with at least four antenatal visits B: 22.6% (2016) T: 35% (2021)	Health Management Information System (HMIS)	1.1 Government and other partners have increased capacity to deliver routine and supplementary immunization and respond to disease outbreaks 1.2 Front-line health and community workers have increased capacity to provide quality, essential maternal and neonatal care 1.3 Front-line health and community workers have increased capacity to provide flexible, integrated case management services for common childhood illnesses	Ministry of Health (MOH), World Health Organization, United Nations organizations, fund managers and civil society organization (CSO) partners	2 162	21 195	23 357
	Percentage of live births attended by skilled health personnel. B: 10% (2016) T: 15% (2021)	HMIS					
	Percentage of children <1 year receiving 3 doses of diphtheria, tetanus and pertussis (DTP)/Pentavalent vaccine. B: 57% (2017) T: 75% (2021)	HMIS/Joint Reporting Form on immunization data (JRF)					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR**	*Total*
	Percentage of children <1 year receiving the first dose of measles-containing vaccine B: 71% (2017) T: 95 (2021)	HMIS/JRF					
2. Nutrition Girls and boys under age five, young girls and women in South Sudan increasingly use more equitable and better-quality nutrition services	Percentage of infants aged 0–5 months who are exclusively fed with breastmilk B: 45% (2010) T: 50% (2021)	National Nutrition Survey	2.1 Girls and boys under age five, school-age children, young girls and women have increased and more equitable access to quality preventative nutrition services 2.2 Girls and boys under age five have increased and more equitable access to better quality nutrition services for early detection and treatment of severe acute malnutrition 2.3 Girls and boys under five years old and caregivers affected by humanitarian crises have increased and timely access to quality nutrition services in line with UNICEF Core Commitments for Children in Humanitarian Action (CCCs) 2.4 Government and non-governmental actors have improved capacity in governance, nutrition information systems and knowledge-generation to facilitate scale-up of nutrition interventions	MOH, Ministry of Agriculture, Scaling Up Nutrition partners, CSOs, multilateral financial institutions, donor governments	2 003	8 196	10 199
	Number of children aged 6–59 months who received vitamin A supplements in semester 1 B: 1,500,000 (2017) T: 1,800,000 (2021)	National Immunization Days reports					
	Percentage of children aged 6–59 months with severe acute malnutrition who are admitted for treatment and recover B: 87% (2017) T: 90% (2021)	Nutrition Information System					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR*	Total
3. WASH Vulnerable people, particularly children in conflict-affected, underserved and epidemic-prone communities in South Sudan, use improved, equitable and sustainable WASH services	Percentage of households with basic water services B: 50% (2017) T: 60% (2021)	UNICEF/WHO Joint Monitoring Programme (JMP) reports	3.1 Vulnerable and emergency-affected people have access to basic sanitation facilities 3.2 Vulnerable and emergency-affected people have access to safe drinking water 3.3 Target communities have increased capacity for effective emergency preparedness and response for WASH, aligned with the CCCs		2 003	21 764	23 767
	Percentage of population using basic sanitation B: 10% (2017) T: 15% (2021)	JMP reports					
4. Education Children and young people aged 3–18 years affected by conflict and emergencies use increased and equitable life-saving quality education services, resulting in improved learning outcomes	Percentage of boys and girls in humanitarian situations targeted by UNICEF and partners utilizing formal or non-formal basic education (including pre-primary schools/early childhood learning spaces) B: 46% (2017) T: 100% (2021)	Education Assessment Report	4.1 Government and other national partners have increased capacity at national and subnational levels for improved implementation, monitoring and inclusive sector planning 4.2 Children and young people in humanitarian situations have access to protective, quality basic education services	Ministry of General Education and Instruction, CSO partners	2 003	30 000	32 003
	Increased average learning outcome results in core subjects Mathematics – B: 67% (2017); T: 82% (2021); Language – B: 40% (2017); T: 55% (2021)	Early grade learning assessments					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR*	Total
5. Child protection Children and young people at risk of violence, exploitation and abuse, in emergency and non-emergency settings, use integrated basic social services	Number of girls and boys under age 5 having birth notification documents B: 21% (2017) T: 44% (2021)	Birth notification registers	5.1 Government and national partners have laws, regulatory frameworks and service delivery systems in place to improve children's access to justice and birth registration services 5.2 Key actors are able to provide improved core child protection and gender-based violence services for children at risk of or exposed to violence, exploitation and abuse in emergency and non-emergency settings	Ministry of Gender, Child and Social Welfare (MOGCSW), Ministry of Justice, United Nations Mission in South Sudan; Office of the United Nations High Commissioner for Refugees, United Nations Population Fund, United Nations Development Programme, United Nations Office for the Coordination of Humanitarian Affairs, International Organization for Migration, CSO partners	2 525	17 149	19 674
	Number of children and young people (girls and boys) utilizing critical child protection services B: 365,807 (2017) T: 800,000 (2018)	Project reports					
6. Social policy South Sudan increasingly implements child-sensitive policies and social protection programmes	Child-sensitive safety net programmes have emergency-response capacity B: None (2017), T: Yes (2021)	Sector review	6.1 Government and partners have enhanced capacity to generate equity-focused data, evidence and analytical studies on children 6.2 Government and partners have enhanced capacity to design and implement child-sensitive social protection programmes	World Bank, World Food Programme (WFP), MOGCSW, Food and Agriculture Organization of the United Nations (FAO)	3 516	2 048	5 564
	Increased share of public spending on health and education benefiting children B: 2.1% Education, 2.6% Health (2017), T: 5% Education, 5% Health (2021)	National budget review					
7. Programme effectiveness: Country programmes are efficiently	Percentage of management and programme priority indicators meeting the scorecard benchmarks for quality standards	Insight scorecard dashboard	7.1 Staff have enhanced capacity to provide timely assistance to programmes in line with office key performance indicators.	Community-based organizations, WFP, FAO, WHO, OCHA, government line ministries	14 960	18 314	33 274

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR*	Total
designed, coordinated, managed and supported to meet quality standards in achieving results for children	Percentage of annual and midterm review recommendations implemented	UNICEF review reports	7.2 Staff have enhanced capacity to effectively communicate on child rights 7.3 Communities have access to information on positive behaviours and life-saving practices and an inclusive feedback mechanism for informed decision-making and resilience				
Total resources					**29 172**	**118 666**	**147 838**

*An estimated $200 million in emergency funding (other resources (emergency)) per year is required for the humanitarian responses, 2019–2021.